

Burglars steal \$15K worth of medical marijuana from Bozeman-area grower

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[Burglars steal \\$15K worth of medical marijuana from Bozeman-area grower](#)

[Associated Press](#) [The Billings Gazette](#) | Posted: Wednesday, November 17, 2010 6:26 am

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- **BOZEMAN** — Authorities say about \$15,000 worth of pot was stolen from a medical marijuana grower's building in Four Corners west of Bozeman.
- Gallatin County Sheriff Jim Cashell tells the Bozeman Daily Chronicle the building was damaged Sunday night. He says it is the second time in two weeks the business has been burglarized.

Additional details about the two burglaries have not been released.

Jake Wagner, commander of the Missouri River Drug Task Force, says based on the \$15,000 price tag of the medical marijuana, the burglars must have stolen about 5 pounds.

LA police investigate 3rd pot dispensary shooting

[San Francisco Examiner](#) / 1st Jul 2010

[Los Angeles](#) — [Police](#) are investigating a third [Los Angeles Medical Marijuana Dispensary](#) shooting.

PHOTOS: [Los Angeles Times](#) in pictures

An employee at a Northridge [Dispensary](#) was shot in the face and critically wounded during a [Robbery](#) Saturday night.

VIDEOS: [Los Angeles Times](#) in videos

The gunmen escaped with \$11,000. Three days earlier, two people were shot to death and another was wounded at pot dispensaries in [Hollywood](#) and Echo Park. [Police](#) Capt.

Kevin McClure says there doesn't appear to be any connection in the [San Fernando Valley](#) case and Thursday's...

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Feature: Medical Marijuana Madness in Montana

by Phillip Smith, June 10, 2010, 11:00pm, (Issue #636)

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11/8/10 1:45 PM

products, Daubert said. "I'm advocating for recordkeeping that documents a closed-loop system, so we can document there is no diversion rather than arguing about it. Thanks to people being crazy and doing things like smoking openly, there is this mythology that there is a lot of diversion going on. This would address that."

If the legislature is going to act, said Higgins, there are some issues of patient-friendliness it should address. "If I wanted to expand my business and service the whole state, there is no way I could physically do that, so I would have to hire couriers," explained. "But there is nothing in Montana law that says that's legal. Also, they need to clarify on edibles. I don't provide them to my patients because it's a grey area," he said. "But we do give them recipes."

But from the look of it, helping the medical marijuana business thrive doesn't look to be high on lawmakers' agenda. The medical marijuana community is going to have to organize and fight to protect its interests, and if it can't find a way to police itself, lawmakers are going to be only too happy to take on the task.

"It's a shame," said Daubert. "We've been working on a careful strategy to use medical to get toward legalization. It was working until medical blew up in our faces."

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Looking for the easiest way to join the anti-drug war movement? You've found it!

Montana Caregivers Network, contact info

by Dooble (not verified), June 11, 2010, 09:40am

I see that the listed number you tried to call wasn't working. If you'd like to contact the Montana Caregiver's Network, the number is (406) 207-7078. Their executive director is Jason Christ (yes, pronounced with a hard "i" as in "Jesus Christ"), and his email is jason@mtmj.org. I know this because I received a letter from his group describing Mr. Christ as "an active provocateur" and that "his current situation is akin to that of Harvey Milk and the Gay Rights Movement in San Francisco in the 1970's." You might also try (406) 202-2290.

reply

False...

by Shabazz (not verified), June 11, 2010, 12:53pm

First of all his name is not pronounced with a hard "i", it's a soft i... as in Chris or Christina. And there is no reason his personal cell phone number should be on the internet, violation of privacy BIG TIME, unless he himself told you to put it there.

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Missoulian

Driving under influence of marijuana a growing problem

By GWEN FLORIO of the Missoulian | Posted: Sunday, January 16, 2011 7:00 am

When Patrick Sayers received a 30-year sentence for killing Michael Mickelson, it was held up as proof that the system is finally taking driving under the influence seriously.

Thirty years is the maximum sentence for vehicular homicide while under the influence. In seeking it, Deputy Missoula County Attorney Kirsten Pabst LaCroix reviewed the facts:

The Hamilton man put his three toddlers in the back seat of his 1-ton Chevy pickup and then partied with a friend as he drove north along U.S. Highway 93 in 2007. The truck was going 50 mph when it swerved into Mickelson's car near Miller Creek Road.

"A lethal, loaded weapon," LaCroix called Sayers' truck.

Sayers, too, was loaded that day. But not with booze.

He was stoned.

Sayers, who smoked two bowls of pot in the truck with his friend that day, is among an increasing number of drivers nationwide who had drugs in their system when they were involved in fatal wrecks, according to federal statistics. A study released a few weeks ago by the National Highway Traffic Safety Administration shows the number going up every year since 2005.

Those statistics showed that in 2009, Montana ranked second in the nation, after Alaska, for marijuana involvement in fatal crashes, according to the report "Killer on the Highway," compiled by Rebecca Sturdevant, who became an anti-DUI activist after a drunken driver killed her son, Highway Patrol Trooper Evan Schneider, in 2008. Some 13 percent of the Montana motorists in the deadly crashes had used marijuana, compared to

4 percent nationwide.

Both the highway agency and Sturdevant cautioned that record-keeping varies widely among states. Nor do those statistics mean that marijuana use caused the crashes.

Still, the study confirmed what Kurt Sager sees on the highways.

While the number of fatal crashes involving booze still ranks high - Montana routinely stands among the worst in the nation - "the rate of increase of drugs is climbing more steadily than alcohol," said Sager, traffic safety resource officer for the Montana Highway Patrol. "Alcohol-impaired fatalities were down in 2010, but the drug-related fatalities were up.

"So we're winning one battle but losing another."

DUI has become so synonymous with drunken driving that it's easy to forget that "under the influence" covers a multitude of substances. (Conditions, too. New Jersey has a law against driving drowsy.)

But even as reports increase, courts and law enforcement struggle with the issue of how to judge impairment when a driver has been using something other than - or, as is frequently the case, along with - alcohol.

Travis Vandersloot, who killed Montana Highway Patrol Trooper Michael Haynes in a head-on crash in 2009, had a blood-alcohol level of 0.18 and also had been smoking marijuana.

David Bugni, the Butte man convicted in the 2009 crash that killed Missoula prosecutor Judy Wang, had been drinking and smoking dope, although his blood alcohol concentration was 0.04 percent, below the legal cutoff of 0.08 percent.

And Daniel Alvin Prindle, a Billings man who pulled his vehicle into the path of an oncoming car in 2008, seriously injuring two people and hurting a third, had marijuana, cocaine and barbiturates in his system. Last week, a judge ordered him to pay \$700,000 in restitution.

But only Vandersloot, who'd downed 13 drinks in the hours before he killed Haynes, was charged with being under the influence. That's because there's nothing comparable to the 0.08 blood alcohol level when it comes to pot, prescription drugs, cocaine, meth or other drugs.

"You can get a level in their system, but there's nothing to relate that to that proves they're impaired," said Missoula County Sheriff's Capt. Brad Giffin. "The only way is a circumstantial case that proves they are impaired to a point where they can't function properly."

The Highway Patrol's Sager trains law enforcement around the state as drug recognition experts, applying standardized field sobriety tests as a way to check for impairment, no matter the cause. By spring, he said, some 70 law enforcement officers around the state - there are 12 among the 100 members of the Missoula police force - will be trained.

The demand for their services is great.

Missoula Police Sgt. Ed McLean said police have made DUI arrests "strictly for cannabis, strictly for meth ... for combinations of alcohol and narcotics, for analgesics combined with depressants. We have made arrests on every drug for DUI."

Rebecca Sturdevant said she's seen good progress on raising awareness of the problem of drunken driving. Now she wants to see that same awareness of all types of impaired driving.

She supports a bill sponsored by state Rep. Ken Peterson, R-Billings, that would tweak the drug provisions of the state's DUI law.

Peterson's proposal specifies that "driving with any amount of a dangerous drug or its metabolite in a person's body is a violation," although it exempts prescription drugs.

"The basic concept," said Sturdevant, "is that we need to be able to keep people who are smoking and driving off the highway."

But some substances can be detected in a person's system long after their effect is gone. That's true of THC, the main ingredient in marijuana.

"It's absurd to test for marijuana metabolites that might be present for marijuana usage days ago or weeks ago," said John Masterson, head of Montana NORML (National Organization for the Legalization of Marijuana Laws). "People shouldn't be charged for DUI for something that they did weeks ago."

NORML stresses that "people should not be under the influence of anything while they are driving a motor vehicle," Masterson said.

He favors the system of drug recognition experts, saying that "when you test for impairment, rather than chemical quantity, so long as it's a qualified expert you can test for alcohol, potentially marijuana, potentially prescription painkillers, potentially sleep deprivation ... all of the sorts of reasons people should not be on the highway endangering our friends and families."

The voter initiative that legalized medical marijuana in Montana in 2004 specifically states that the law doesn't permit "any person to operate, navigate, or be in actual physical control of any motor vehicle, aircraft, or motorboat while under the influence of marijuana."

The number of people legally smoking marijuana in Montana has nearly tripled in the 15 months since the declaration by the U.S. Department of Justice that it would no longer raid medical marijuana distributors. Some 27,292 Montanans held "green cards" as of December.



Medical marijuana raises numerous issues in the workplace

By **BRUCE MacINTYRE** | Posted: Tuesday, July 6, 2010 4:45 pm

When medical marijuana was on the ballot in 2004, voters, in their wildest dreams, could not have imagined the myriad of issues we now face. This is especially true for the business community. Over time, the issue will be mitigated, and laws, rules and regulations will be approved by the Montana Legislature, Yellowstone County Commission and the Billings City Council. For the business community, the issue is "how do we deal with this issue today".

In Montana, 80 percent of all businesses are small businesses, and small businesses typically do not have many of the tools that govern employer-employee relations such as an employee manual or written policy. Medical Marijuana is an issue that could cause serious problems for the business community if not addressed properly. At this point there are more issues than answers, and some of the issues are:

- Does the employee have to inform the employer when that employee has obtained a marijuana card?
- Why is it legal if there is a federal law defining it as illegal?
- Is medical marijuana eligible for flex plan reimbursement?
- What are the procedures an employer should follow if an employee is using in the workplace?
- What are the rules governing pre-employment screening and random drug testing?
- What steps should an employer take in terminating an employee whose work has diminished if the employer feels it might be subject to some type of substance abuse?

If employers have a company policy manual, it is recommended that they have language added to their policy manual dealing with this issue, including random drug testing if applicable. If they do not have a policy manual, they should seriously consider obtaining or writing one, and, at a minimum, have a written policy, on file and distributed to all current and new employees that deals with this and similar issues. There has been no legal challenge to random drug testing in Montana, and it is widely anticipated that with the advent of medical marijuana, test cases will be filed. Language in policy manuals must be carefully worded, and it is recommended that outside counsel or businesses skilled in developing policy manuals be consulted.

Another big issue for employers is workplace safety. Montana has accident rates that substantially exceed the national average in almost every category. In order to protect their business, their employees and the general public, employers need to be able to perform drug testing if they believe it can prevent accidents and save lives.

Workers' compensation is another issue for both the insurer and the employer. Should insurers have to provide medical marijuana to an injured worker if a caregiver prescribes it? Can the use of medical marijuana render someone "permanently and totally disabled" because they are no longer able to perform their duties?

Finally, employers have private property rights and they have the right and responsibility to ban many things from the workplace, such as guns, alcohol, hazardous substances etc. They would like to ensure that they have the right to add medical marijuana to the list of banned items in the workplace.

The mission of the Billings Chamber of Commerce/CVB is to develop a strong business climate and vibrant economy by serving the community in a leadership role thereby enhancing the quality of life. It is our duty and responsibility to the business community to inform them when issues are identified that may have a profound effect on them and their business if not dealt with correctly.

Medical marijuana is one of those issues.

Missoulian

Kalispell murder: Suspects say they bludgeoned man for his marijuana and money

By MICHAEL JAMISON of the Missoulian | Posted: Friday, April 23, 2010 6:15 am

KALISPELL - Two young murder suspects planned for days to steal their alleged victim's marijuana and money before bludgeoning him to death with hammers last week in Kalispell.

That's the charge from prosecutors, who on Thursday leveled a litany of allegations against 21-year-old Robert Lake and 19-year-old Jeffrey Nixon. The men could face life in prison, or even the death penalty, if convicted.

According to police, officers first learned that 49-year-old Wesley Collins had gone missing on Friday, April 16.

Court documents show that on the following day, Kalispell police received a call of a possible burglary at Collins' apartment. A neighbor reported seeing two men carrying marijuana plants out of the home. Collins was an authorized medical marijuana patient.

The apartment manager confirmed that Collins had been missing since April 12, and police responded to investigate.

When officers arrived, prosecutors say Lake was caught jumping out of the apartment window and trying to flee. He told police that he'd purchased the plants, and denied being in the apartment illegally.

Officers later searched Lake's home, where they discovered the missing marijuana plants, as well as Collins' keys and prescription medications.

At that point, prosecutors say Lake admitted that Collins had been killed. He told investigators that he and Nixon had discussed killing Collins in order to steal his marijuana plants and money.

Charging documents allege that Lake admitted going with Nixon to Collins' apartment, where they smoked pot together.

"While in the process of sharing the marijuana, Nixon struck Mr. Collins in the head a number of times with two hammers," according to court records.

Lake admitted striking Collins, as well, but said he did so only because he was intimidated by Nixon, according to prosecutors.

Lake told officers they then took some marijuana and money, borrowed a truck from a friend, and with the help of a third person dumped Collins' body in the woods southwest of town.

According to the court documents, they used the stolen money to buy cleaning supplies, and then scrubbed the murder scene.

Nixon was interviewed, and prosecutors say he told a similar story, "but claimed Lake was the one who assaulted Mr. Collins with the hammers." Nixon did not admit to taking part in the beating.

An acquaintance of Nixon's, however, told Kalispell police "that Nixon had been planning to kill Mr. Collins during the week prior to the homicide."

Nixon did admit to hiding the body, according to charging documents.



Missoula search finds blank, doctor-signed marijuana forms

Associated Press | Posted: Wednesday, November 24, 2010 8:25 am

MISSOULA — A search of the offices of an outspoken medical marijuana provider turned up 729 medical marijuana recommendation forms apparently signed by physicians with no patient information filled in, a newspaper reported Wednesday.

Several former employees of the Montana Caregivers Network have told police that pot provider Jason Christ kept pre-signed forms, and that information was used to obtain a warrant, the Missoulian said.

"Christ stated he has physicians sign otherwise blank attending physician statement-new application forms and he keeps them in a locked cabinet in his office to be filled out by approved medical marijuana applicants," the search warrant documents said, citing a Sept. 17 police interview of Christ.

The records also said a documents examiner told investigators that four forms obtained by subpoenaing the Department of Public Health and Human Services contained the name of one doctor but appeared to have been signed by four different people.

Christ did not answer a telephone call Wednesday seeking comment from The Associated Press.

Police also seized a laptop, two external drives, bank records and other documents during the Nov. 18 search of the Montana Caregivers Network offices.

The network has been at the forefront of the Montana medical marijuana issue, with its high-profile traveling screening clinics as well as for arranging video conferences between physicians and patients seeking medical marijuana cards.

Christ's former bookkeeper, Anita Corrigan, told police in March that the business had stacks of blank, pre-signed physician statements. In June, another former employee, Susan Boykin, said she saw at least 1,000 such forms. Both Boykin and Corrigan had been fired by Christ.

Information from three other former Christ employees — Nicole Harrington, Tiffany Klang and John Phillips — also was cited in the application for the search warrant.

A lawsuit filed against Christ in August by Harrington, Klang and Phillips alleged that in January, Christ started requiring out-of-state physicians working with the network to sign blank certifications for medical marijuana cards that would later be filled in by network staff after the doctors met with patients via video conferences.

Christ has declined comment on the lawsuit, other than to say the opposing attorney has an interest in other medical marijuana businesses.

The lawsuit alleged that in March, Christ ordered employees to take all pending and denied patient applications and submit them to the state by filling out the pre-signed applications and saying the patients qualified with a chronic pain diagnosis, even if the patients hadn't consulted with a doctor.

The plaintiffs said that in June, Christ ordered them to fill out and send to the state pre-signed certifications with the names of 84 people who had been rejected for a card after seeing physicians at Montana Caregiver Network events in Kalispell, Helena and Missoula.

A copy of an e-mail directive detailing the order was attached to the lawsuit.



Police caught in middle on marijuana deliveries

KAHRIN DEINES Of The Gazette Staff | Posted: Friday, July 2, 2010 11:01 pm

The conflict between state and federal laws over the legality of medical marijuana is forcing some law enforcement officers to take on the unwelcome duty of delivering pot that caregivers attempt to ship through a parcel service.

Over the past year, the Billings Police Department has received an increasing number of calls from FedEx and UPS workers who discover packages containing what appears to be legal medical marijuana. A police investigator must then pick up the package, make phone calls to determine whether it is a Montana-legal product produced by a "caregiver" who is registered with the state and notify the distributor to retrieve the pot.

All that can add up to several hours of police time. Then, the caregiver may not pick up their product, saddling the cops with returning the marijuana to them personally.

"We don't want to be in the middle as a broker," said Billings Police Chief Rich St. John. "We're wasting a lot of time investigating and looking into legitimate businesses."

Montana's medical marijuana law allows "caregivers" to possess six plants or 1 ounce of marijuana for every "patient." Both patients and caregivers must register with the state Department of Public Health and Human Services, and patients must identify who is their caregiver.

Despite this limited legalization of marijuana for some medical uses, the parcel services refuse to transport the drug, even if it stays within the state's borders.

"Although we understand Montana has passed a law and citizens are permitted to ship it and use it under state law, federal law criminalizes the possession of marijuana, so as a result, FedEx is not going to take the risk of criminal prosecution by accepting such shipments," said Sally Davenport, FedEx spokeswoman.

The resulting predicament is extremely frustrating for narcotics detectives, especially when there is a risk that the marijuana providers involved may not be fully complying with the state's law.

"If everything turns out fine, we've just wasted our detective for several hours," said Sgt. Brian Korell, who leads the department's City-County Special Investigations Unit. "I'm paying a guy to investigate a legal business when I should be paying him to investigate true criminals."

But in one recent worst-case scenario, police were notified by federal agents that they had identified a detective returning pot to a home under video surveillance.

Tom Daubert, who heads the medical marijuana advocacy group Patients and Families United, said tax dollars should not be spent paying officers to reunite caregivers with their products when they are ignoring the parcel services' shipping rules.

"Caregivers shouldn't ship cannabis in that way at all, and if they choose to take that risk, they shouldn't expect the delivery to be made," Daubert said.

Nevertheless, Korell said, the marijuana has a rightful owner and it cannot be destroyed without creating a legal liability for the department.

"We are in a very, very difficult situation with this, and we are trying to do the best we can for all parties," Korell said.

Contact Kahrin Deines at kdeines@billingsgazette.com or 657-1392.



Kalispell woman pleads guilty to tampering, theft in medical marijuana beating case

Associated Press | Posted: Monday, October 11, 2010 12:01 pm

KALISPELL — A Kalispell woman has pleaded guilty to deleting potentially incriminating text messages and stealing marijuana plants from a man who had been beaten to death.

Karrolyn Robinson, 19, entered her pleas to tampering with evidence and theft Thursday before District Judge Stewart Stadler, who scheduled sentencing for Nov. 24. A plea agreement calls for Robinson to be sentenced to 15 years in prison with seven suspended.

Robinson's common-law husband — Robert A. Lake, 22, — along with Jeffrey A. Nixon, 19, are charged with deliberate homicide in the April beating death of medical marijuana patient Wesley Collins.

Robinson admitted taking marijuana plants from Collins' apartment and to asking Lake's brother to delete text messages from Robert Lake's cell phone before she turned it over to police.

Police found three marijuana plants and many of Collins' personal belongings, including a television and prescription medications, during a search of Robinson's apartment.

Robinson asked Stadler to reduce her bail.

"I have a five-month-old daughter that I haven't been able to hold since she was two days old," Robinson told Stadler.

He declined her request, citing the seriousness of the charges.

"Every day you spend her now means you will get to see your daughter one day earlier," the judge said.

Nixon's trial on deliberate homicide is scheduled to begin on Oct. 25.

Cody Naldrett, 27, who is charged with helping Lake and Nixon remove Collins' body from his apartment and drag it into the woods, faces trial Nov. 1 on charges of possession of dangerous drugs and tampering with evidence.

Joshua Fritz, 21, who is charged with burglary, tampering with evidence and obstructing a police officer, is also scheduled to go to trial on Nov. 1.

No trial date has been set for Lake.



Man pleads in Stevensville medical-marijuana beating

Associated Press | Posted: Thursday, November 25, 2010 1:15 pm

HAMILTON — A 35-year-old Hamilton man has pleaded guilty to his role in a vigilante-style beating of a man suspected of stealing marijuana and other items from a medical marijuana dispensary in Stevensville.

The Ravalli Republic reports that Jason E. Weis pleaded guilty Wednesday in Ravalli County District Court to felony charges of accountability for assault with a weapon and criminal possession of dangerous drugs with intent to distribute.

Weis also received a four-year deferred sentence, agreed to pay a \$10,000 fine, and gave up rights to another \$19,500 found in his vehicle at the time of his arrest.

Weis is also required to testify in other cases involving the May 4 beating of 22-year-old Beau Miller.

home, and authorities knew Biggs had a previous drug conviction.

Rhodes argued the investigators drew conclusions about Biggs' relationship with the drug dealer that required "a far leap from the facts presented."

"The hunch or guess of the investigating officer is not backed by additional facts or by specific knowledge or training," Rhodes wrote in his motion to suppress.



Medical marijuana business burglarized

Gazette Staff | Posted: Tuesday, August 3, 2010 2:19 pm

During a traffic stop along Montana Avenue this morning, Billings Police discovered the Green Cross medical marijuana dispensary had been broken into.

The glass door at the front of the business was busted open, said Billings Police Sgt. Mark Cady. The broken glass was visible from where officers were conducting the traffic stop.

"That's door's kind of hard to see" from the street, Cady said, which is why investigators believe the break-in wasn't reported sooner.

The Green Cross is open from about 9 a.m. to 7 or 8 p.m. daily, he said. Investigators think the break-in occurred sometime after closing, but not necessarily this morning when it was discovered.

"It may have happened in the middle of the night last night," he said.

Investigators haven't collected much evidence, but are following up on a name provided by the store's owner. When police entered the store this morning, they found refrigerators open and desk drawers that had been rifled through.

The store owner told investigators items were missing. Cady declined to say what exactly had been taken.



Hamilton man pleads in marijuana assault

Associated Press | Posted: Thursday, November 18, 2010 7:35 am

HAMILTON — A 31-year-old Hamilton man has pleaded guilty to his role in a vigilante-style beating of a man suspected of stealing marijuana and other items from a medical marijuana dispensary.

The Ravalli Republic reports Kory M. Gassman pleaded guilty Wednesday to felony counts of accountability for assault with a weapon and conspiracy to commit assault with a weapon. Under the terms of the plea agreement, Gassman will receive a four-year deferred sentence, but will have to give up any claim to nearly \$20,000 in cash found in a codefendant's truck.

Gassman will also be required to testify in other cases involving the beating of 22-year-old Beau Miller last May.

One man involved in the beating has pleaded guilty and another has said he will accept a plea agreement. The case against the dispensary's owner, Tracy Moser, continues.



Homicide victim was medical marijuana provider

Gazette News Services | Posted: Saturday, May 30, 2009 12:00 am

Homicide victim was medical marijuana provider

HELENA, Mont. - The Lewis and Clark County sheriff's department says a 49-year-old York man who was shot to death in his home a month ago was a licensed medical marijuana provider and user.

David Tunes was found shot to death on May 1, but officials have said he may have been killed three to four days earlier.

Sheriff Leo Dutton had previously said that Tunes had recently started several business ventures, including the sale of precious stones out of his home, and suggested that may have been a motive for the killing. An undetermined amount of gems were taken.

On Friday, Dutton said Tunes also had been growing marijuana at his house and the sheriff's department is now interviewing his customers.

Dutton says investigators found fingerprints and possible DNA samples in Tunes' house that are being analyzed at the state crime lab in Missoula.



DEA agents seize medical marijuana

The Associated Press | Posted: Wednesday, April 11, 2007 11:00 pm

MISSOULA - A Missoula woman worries that she will be forced to buy marijuana from street dealers after federal agents seized a package of medical marijuana that was being delivered to her.

"I don't know how many times I have to fight for this before I can get some peace and not violate any laws," said Robin Prosser, who said medical marijuana is the only thing that helps her manage the pain from a lupus-related immunosuppressive disorder.

Patients and Families United, a Montana group of medical marijuana patients, relatives and friends, on Wednesday called on the state's congressional delegation "to take decisive and forceful action to stop the federal government's persecution of suffering medical marijuana patients in need."

The Montana Medical Marijuana Act, passed in November 2004, allows patients to use marijuana if they suffer from diseases like cancer, glaucoma and HIV, or if they have chronic pain. Those who are prescribed medical marijuana can grow their own or designate a caregiver to grow or obtain marijuana for them.

A package containing 20 grams of marijuana - less than an ounce - being sent to Prosser from her caregiver was seized by the federal Drug Enforcement Agency on March 30 even though the DEA verified with the Department of Public Health and Human Services that Prosser and her caregiver were registered with the state.

"I don't see how they can deny me a thing that saves my life," Prosser said. "I can't eat without it."

Jeff Sweetin, special agent in charge of the DEA's Rocky Mountain Field Division, said his agency was required to investigate after it received a complaint.

"From the DEA's standpoint, it's not medical marijuana, it's just plain marijuana," Sweetin said.

A UPS driver, apparently noting a strong odor of marijuana, flagged the package as "suspicious," and the company's security officer called 911.

Although Sweetin said Prosser almost certainly won't face federal charges, the DEA is more inclined to prosecute caregivers, many of whom provide marijuana for more than one patient.

"Is she in violation of federal law? Absolutely. Will she be prosecuted? No," Sweetin said. "But if you're a caregiver shipping marijuana all over Montana, you stand a relatively good chance of experiencing federal prosecution."

That's a harsh reality for Prosser, who says it has become increasingly difficult to find caregivers willing to risk federal charges. Her only alternative is to obtain marijuana from dealers on the street, which costs more and makes it impossible to settle on a consistent strain of the drug.

"I need a consistent, steady supply of the same strain," Prosser said. "But it's so hard to find a caregiver when the minimum punishment for growing and cultivating is five years under federal law."

Prosser said she had been with her current caregiver less than two months before the DEA seizure, and she isn't sure where she'll turn next.

"It was the first time I was able to find a consistent supply, so I don't have to fear running out," Prosser said.

Prosser said she has tried growing her own marijuana but was unsuccessful.

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Missoula man suspected of providing black market medical marijuana pleads guilty to federal charge

TRISTAN SCOTT Missoulain | Posted: Wednesday, August 4, 2010 8:59 am

MISSOULA — A Missoula man whose black market drug connections in Northern California allegedly furnished local medical marijuana dispensaries with pot pleaded guilty this week to a federal offense.

Richard James Biggs, 31, was arrested May 12 after a monthslong investigation by drug task force officers in Missoula and Great Falls. He was initially charged in state district court, where prosecutors alleged a business relationship with a medical marijuana caregiver in Missoula, but the case was filed in federal court in June.

At a change-of-plea hearing Tuesday in U.S. District Court in Missoula, Biggs admitted to a count of conspiracy to distribute marijuana. A plea agreement in the case dismisses a separate felony count of possession with intent to distribute marijuana.

Biggs is currently released on electronic monitoring and other conditions. He faces a mandatory minimum of five years in prison, and could be sentenced to as many as 40 years in prison, fined \$2 million and placed on supervised release for four years. Sentencing is scheduled for Nov. 4.

Authorities arrested Biggs on Interstate 90 while he was returning from a four-day trip to Humboldt County, Calif. — sometimes called the Emerald Triangle because of its reputation as a center for marijuana cultivation. During a roadside search of Biggs' Chevy Avalanche, detectives found 72 pounds of marijuana and \$39,500 in \$100 bills. A confidential informant in Missoula told investigators that Biggs had supplied him with more than 100 kilograms of marijuana between July 2007 and May 2010.

Authorities seized vacuum-sealed plastic bags containing 20 strains of marijuana. The types of marijuana strains were written in black marker on the bags, and included such names as Grape Crush, Blue Train Wreck and Willy Wonder.

Just prior to the Northern California trip, investigators in Missoula followed Biggs to a meeting with a medical marijuana caregiver, Victor Hernandez, who is also a partner in a medical marijuana dispensary.

"The investigation has revealed evidence that the various strains of marijuana match up with the strains of marijuana available from several local medical marijuana dispensaries in the Missoula area," according to charging records filed in Missoula District Court, where the case was initially charged. "It is believed that several local dispensaries have been supplied with marijuana by Biggs through his black market deals originating in Northern California."

Investigators believe Biggs had a business relationship with Hernandez, the caregiver, and was illegally supplying pound quantities of marijuana to his dispensary and others. No federal charges have been filed against Hernandez.

Hernandez lived with Biggs prior to Biggs' federal drug conviction in 2004. In that case, Biggs was convicted of marijuana possession with intent to distribute, and served time in a federal prison. The caregiver also drives the Lincoln Navigator that Biggs owned before his arrest in 2004.

Although Biggs has no apparent source of income, he owns houses in Las Vegas and Missoula, and the investigation revealed that he made 42 trips to Las Vegas between July 2008 and his arrest.

The defendant's guilty plea comes after a federal defender's attempt to suppress the marijuana seized from Biggs' Chevy Avalanche. The attorney, federal defender John Rhodes, argued the search warrant was improper because authorities lacked probable cause.

In a motion to suppress, Rhodes wrote that Biggs became a person of interest to federal investigators while they were investigating another drug trafficker, whose vehicle they were tracking with a GPS device. That drug dealer repeatedly visited Biggs' South Hills



Woman sentenced for drug possession

Gazette Staff | Posted: Monday, September 28, 2009 12:10 pm

A woman who was charged with six felony drug offenses after an officer stopped her vehicle because the license plate was upside down was sentenced today in District Court.

Della Dianne Nidiffer, 40, was sentenced by Judge G. Todd Baugh, who agreed to follow a joint recommendation from prosecutors and Nidiffer's defense attorney. Nidiffer received a six-year deferred sentence for possessing drugs with intent to distribute, and concurrent three-year terms with the state Department of Corrections for felony drug possession. She was also ordered to pay a \$1,000 fine.

Prosecutors dismissed three other felony drug charges and three misdemeanor charges as part of a plea agreement.

Nidiffer was arrested May 31 after an officer stopped her Chevrolet Blazer on Main Street after noticing the vehicle's upside-down plate. She was arrested after officers found marijuana, methamphetamine, cash, a drug ledger and prescription medications in the Blazer.

Nidiffer's 6-year-old daughter was a passenger in the vehicle.



Great Falls men charged with selling marijuana from tobacco store

Associated Press | Posted: Saturday, June 5, 2010 6:20 am

GREAT FALLS - Two Great Falls men accused of selling marijuana from a tobacco and gift store are facing felony drug charges.

Authorities on Thursday arrested 34-year-old Levi Bierwiler, who owns Last Chance Healing, and his employee, 30-year-old Andrew Diaz, after seizing between a half pound and one pound of marijuana. Neither of the men is a state-licensed medical marijuana caregiver.

Bierwiler faces two felony counts of criminal distribution of marijuana and a felony accountability charge. Diaz is charged with one felony count of criminal distribution of marijuana.

Bierwiler's wife, Angela Smith, also was arrested for allegedly using methamphetamine.



Anaconda man charged with marijuana distribution

Associated Press | Posted: Thursday, December 2, 2010 8:12 am

BUTTE — A 33-year-old Anaconda man is charged with possession of marijuana with intent to distribute after officers found two pounds of marijuana packaged for sale.

KXLF-TV reports Billy Holdaway III made his initial appearance in District Court in Anaconda on Wednesday. He is expected to enter a plea at a hearing next week.

Court records say officers with a search warrant found two pounds of marijuana packaged for sale in a garage in Anaconda. Investigators say Holdaway told officers the marijuana belonged to him, that he had a medical marijuana card and did not know there were limits to the amount of marijuana he could have.



Police find 70 pot plants in funeral home

Gazette News Services | Posted: Monday, June 29, 2009 12:00 am

HELENA - A 37-year-old man faces a felony drug charge after police say they found 70 marijuana plants in the attic of a Helena funeral home.

Authorities arrested Jason Blaine Thornock on Monday after serving a search warrant of the Helena Funeral Chapel. Thornock, the funeral home's director, was jailed on a charge of criminal production or manufacture of dangerous drugs. He posted \$50,000 bail Tuesday afternoon.

Helena Police Chief Troy McGee said Thornock is a licensed medical marijuana user who can legally grow six plants for personal use. Authorities left six plants and a grow light in the attic and entered the remaining 64 plants into evidence.



Poplar police chief arrested

ZACH BENOIT Of The Gazette Staff | Posted: Tuesday, August 3, 2010 4:36 pm

Roosevelt County authorities arrested Poplar's police chief Tuesday on charges that he grew marijuana in a barn at his home north of Culbertson.

Chad A. Hilde was arrested on charges of production or manufacture of dangerous drugs and criminal possession of dangerous drugs. He was arraigned before Justice of the Peace Bruce Waldhausen in Culbertson and released after posting a \$10,000 bond.

In an e-mail sent to the Gazette, Hilde confirmed that the marijuana was growing on his property. He said he was letting a friend use the building to do so and knew that it was for medical purposes.

"The use was in compliance with the State of Montana Medical Marijuana Program and the qualified patient was entitled to possess the amount that was seized from the building," he wrote. "The Roosevelt County Sheriff was provided with this information at least five hours before he served the search warrant. I have retained an attorney to address the behavior of the Roosevelt County Sheriff."

According to charging documents filed Tuesday in the Montana 15th Judicial District Court in Roosevelt County, a county sheriff's deputy found eight marijuana plants growing in Hilde's barn last week.

On July 30, a Roosevelt County Sheriff's deputy was called out to help find a juvenile who had been reported as a runaway from Culbertson.

The deputy found her and while the two waited for Hilde to pick her up, the girl told the deputy that Hilde had marijuana growing in a barn at his home, according to the affidavit. The girl told the deputy that when she asked Hilde about it, he told her it was for medical purposes, the charging documents said.

They go on to say that two deputies went to Hilde's home and he refused to let them search the barn and said there was nothing in it. While waiting for a search warrant, Hilde asked the deputies if he could get something out of the barn if a deputy escorted him there.

The charging documents say Hilde then gave the deputies two documents — a copy of a medical marijuana card belonging to Kristofer Boyd and a Montana Medical Marijuana Program form requesting that Terry Boyd be named Kristofer Boyd's caregiver.

Investigators then learned that neither Hilde nor Terry Boyd are licensed medical marijuana patients or caregivers in Montana, the charging documents state, and that Kristofer Boyd is a licensed patient.

When deputies executed a search warrant of the barn on that same day, they found eight marijuana plants, instructions on growing marijuana and "items which are commonly associated with the manufacture and distribution of marijuana," according to the affidavit.

Deputies then applied for an arrest warrant for Hilde, which was signed by Roosevelt County Attorney Steven Howard earlier Tuesday.

A conviction for criminal production or manufacture carries a prison sentence of up to 10 years and a fine of up to \$50,000. A possession conviction carries up to six months in jail and a fine of between \$100 and \$500.

Roosevelt County Sheriff Freedom Crawford declined to comment further on the case but said on Saturday that the search falls under the department's Operation New Beginning. The effort started last spring and is designed to prevent illegal drug activity.

Under Montana law, licensed medical marijuana patients are allowed to possess up to one ounce of dried marijuana and grow six plants at a time. Patients can also assign through the state Department of Health and Human Services a caregiver to grow the plants for them.

In March of 2009, Hilde was charged in state District court with eight felony counts stemming from the killings of four moose on the Fort Peck Reservation.

In that case, Hilde is accused of letting his 14-year-old son shoot four moose on the reservation during a hunting trip the year before. Investigators said Hilde is not a member of the Fort Peck or any other tribe and that he said he believed his son was an associate member.

Investigators later determined the adopted son is not a member.

The Associated Press contributed to this report.



Marijuana caregiver sentenced for drug sales in Hamilton

Associated Press | Posted: Thursday, September 2, 2010 11:40 am

HAMILTON — A licensed caregiver in Hamilton has been sentenced to 10 years in prison for a string of crimes that began with her selling marijuana to police informants who did not have medical marijuana cards.

The Ravalli Republic reports Mayson L. Simmons was arrested last year after the marijuana sale and soon thereafter arrested again for selling marijuana and other drugs. Her bail was revoked twice for threatening witnesses in the case.

The 46-year-old retired Department of Transportation Employee also was charged with felony insurance fraud for submitting billing statements for massage therapy treatments she never performed.

District Judge Jeffrey Langton sentenced Simmons on Wednesday to 20 years in prison with 10 suspended.



Medical marijuana card holder sentenced for having too many plants

By GREG TUTTLE Of The Gazette Staff | Posted: Thursday, December 17, 2009 2:20 pm

A Billings man who holds a medical marijuana card was given a deferred sentence Thursday after admitting had had too many pot plants.

James Lee Caruso, 37, appeared before District Judge Susan Watters after pleading guilty to a felony charge of criminal production or manufacture of dangerous drugs. Caruso was charged in June after police officers found 17 marijuana plants in his garage.

Deputy County Attorney Ingrid Rosenquist said a plea agreement called for the state to recommend a 12-month deferred sentence if he paid a \$750 fine at or before his sentencing hearing. If he had not paid the fine, the agreement called for a recommendation of an 18-month deferred sentence, the prosecutor said.

Deputy Public Defender Michael Shin told the judge that Caruso does not have the \$750 to pay the fine, but asked the judge to impose the 12-month deferred sentence, Caruso has "virtually" no criminal history, Shin said, and made the call to police that resulted in the charge against him.

Police said they found the marijuana plants in Caruso's garage. State law allows a person with a medical marijuana card to have no more than six plants.

Caruso was aware of the six-plant limit, his defense attorney said. But Shin told the judge that the marijuana plants were "all seedlings, very small plants." Caruso planned to destroy or give away the plants once he determined the gender, Shin said.

Caruso declined to make a statement before he was sentenced.

Watters said the 12-month deferred sentence was appropriate in the case.

The charge stemmed from an incident in October 2008. Caruso called 911 and said he believed he had smoked PCP, a hallucinogenic drug. Caruso also told a dispatcher he was armed with a pistol.

An officer found Caruso on the front porch of a neighbor's house, crying and "very paranoid," according to court records. The plants were found during a subsequent search of Caruso's property.



Convicted drug dealer gives up medical marijuana card in new fed case

CLAIR JOHNSON Of The Gazette Staff | Posted: Tuesday, August 24, 2010 2:34 pm

A Busby man convicted of federal marijuana trafficking charges agreed to give up his medical marijuana card while new allegations of firearms violations are pending.

Lemuel Thomas "Butch" Small, 63, told a magistrate judge Tuesday he would surrender his card as a condition of release. Small also agreed not to possess, use or distribute marijuana or medical marijuana.

Small's attorney, Penny Strong, said she would file a motion seeking to allow Small to use medical marijuana, saying he has multiple, serious medical problems and a valid card. Taking away his card violates his constitutional rights, she said.

Assistant U.S. Attorney Lori Suek objected to Small having a card. Small would be violating federal and Northern Cheyenne tribal laws if he were to continue having a medical marijuana card, she said.

Magistrate Judge Carolyn Ostby said she would rule on the attorneys' arguments later but for now ordered Small to give up his card.

Small and his wife, Christina Pilkington Small, 62, each pleaded not guilty to an indictment charging them with being felons in possession of firearms for allegedly having four guns and ammunition on May 25 in Busby.

The couple was convicted in federal court of distributing marijuana and sentenced in 2003. Lemuel Small was sentenced to a year and a half in prison and finished his supervised release in November 2007. Christina Small finished a two-year probationary sentence in July 2005.

At the time, Chief U.S. District Judge Richard Cebull said Lemuel had been a longtime drug dealer with a history of intimidation.

If convicted of the firearms charges, the Smalls face a maximum 10 years in prison and a maximum \$250,000 fine. Cebull will hear the case.



Teen marijuana use increases as cigarette sales decrease

By CINDY UKEN

Of The Gazette Staff

| Posted: Thursday, December 23, 2010 12:15 am

Cigarettes or marijuana?

For teenagers across the country — and in Montana — the choice is apparently pot.

For the first time since 1981, the number of high school seniors reporting they had smoked marijuana in the past 30 days outnumbered those who said they had smoked cigarettes.

The rate of eighth-graders saying they have used an illicit drug in the past year jumped to 16 percent, up from last year's 14.5 percent, with daily marijuana use up in all grades surveyed, according to the 2010 Monitoring of the Future Survey.

For 12th-graders, declines in cigarette use accompanied by recent increases in marijuana use have put marijuana ahead of cigarette smoking by some measures. In 2010, 21.4 percent of high school seniors had used marijuana in the past 30 days, while 19.2 percent smoked cigarettes.

The National Institute on Drug Abuse this month issued the survey, an ongoing study of the behaviors, attitudes and values of American secondary school students, college students and young adults. Each year, a total of approximately 50,000 eighth-, 10th-, and 12th-grade students are surveyed.

Key findings in the 36th annual survey include:

Marijuana use, which had been rising among teens for the past two years, continues to rise again this year — a sharp contrast to the considerable decline of the preceding decade.

Ecstasy use, which fell out of favor in the early 2000s as concerns about its dangers grew, appears to be making a comeback.

Alcohol use — and, specifically, occasions of heavy drinking — continues its long-term decline among teens into 2010, reaching historically low levels.

The escalation of marijuana use comes as no surprise to Chris Simpson, school resource officer at Skyview High. It is a pervasive problem throughout the school district, which is a drug-free zone, as well as the community. The mixed message about the legalization of marijuana for medical purposes is a large part of the problem, he said.

Youths seeking a high will sometimes steal marijuana from those possessing a medical marijuana card. Simpson said students have confided in him how easy it is now to obtain the illegal drug since it has been legalized for medical purposes.

He said he and other school resource officers investigate every complaint and occasionally use drug-sniffing dogs.

Montana voters approved medical marijuana by initiative in 2004. The state, which a year ago had fewer than 4,000 medical marijuana patients, now has nearly 23,000 people with a medical marijuana cards. Growth and sale of the drug have become a booming business in the state. The law allows qualified patients and their caregivers to grow and/or possess a restricted number of marijuana plants.

Part of the spike in marijuana use also is youthful experimentation.

"Kids always have to have a trend that they like to party with, and marijuana seems to be the drug of choice right now," Simpson said. "Back in the '80s, it was keggers."

The uptick in marijuana use coincides with a downturn in cigarette sales, both in Montana and the rest of the nation. Cigarette sales in Montana declined from 71 million packs sold in fiscal year 1999, to 46 million packs in fiscal year 2010, a 35 percent drop. That is due partly to a massive education, prevention and marketing campaign.

"These high rates of marijuana use during the teen and pre-teen years, when the brain continues to develop, places our young people at particular risk," said Dr. Nora D. Volkow, director of the National Institute on Drug Abuse. "Not only does marijuana affect learning, judgment and motor skills, but research tells us that about 1 in 6 people who start using it as adolescents become addicted."

The state Department of Public Health and Human Services acknowledges that marijuana is making a strong comeback among high school students, with growing use and softening attitudes starting in eighth grade.

The 2010 Montana Prevention Needs Assessment suggests that marijuana use rises as the parental acceptability increases. Perceived peer acceptability of marijuana use also plays a role.

"The influence of parents and peers has a very strong correlation if youth are going to use marijuana," said Vicki Turner, director of the DPHHS Prevention Resource Center. "As parents, we need to step inward during those adolescent years because if we can keep them from using by age 19, their likelihood of using as an adult decreases drastically."

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studying medical pot

Experts worry that medical-pot laws promote teen use

By John Ingold
The Denver Post

Posted: 01/01/2011 01:00:00 AM MST

Updated: 01/01/2011 03:38:13 PM MST

Substance-abuse experts, alarmed by the rapid growth of Colorado's medical-marijuana industry, are intensifying their efforts to study the industry's impact on drug use.

The experts say they especially worry that increasingly permissive attitudes surrounding marijuana use might be leading to higher teenage drug use and addiction rates.

That has been an often-voiced concern during debates over medical marijuana in Colorado. But substance-abuse-prevention workers say evidence from their clinics seems to bear it out. And they point to a recent study showing an increase in teenage marijuana use nationwide and a decrease in perceptions of its risk as further evidence of a need to examine the issue.

"The basic rule with any drug is if the drug

becomes more available in the society, there will be more use of the drug," said Thomas Crowley, a University of Colorado psychiatry professor and director of the university's Division of Substance Dependence. "And as use expands, there will be more people who have problems with the drug."

At his substance-abuse-treatment clinic for adolescents at Denver Health Medical Center, Christian Thurstone said he has seen hard evidence of the trend. Since the summer of 2009, roughly when Colorado's medical-marijuana boom began, Thurstone said he has seen treatment referrals triple, from five to 15 per month. The large majority of those teens are referred — either by the criminal justice system, social services or other means — because of marijuana, he said.

Worried by the increase, Thurstone conducted a survey of 76 kids in his program. Of those, 60 said they knew someone with a medical-marijuana card, and 37 said they have obtained pot from a medical-marijuana patient, though none were patients themselves.

What's more, Thurstone said teens who got marijuana from a patient were more likely to report smoking pot daily than those who didn't. About 83 percent of the teens who scored pot from a patient reported daily use, compared with about 56 percent of those who didn't get marijuana from a patient.

"It looks like it's increasing access," Thurstone said of the state's medical-marijuana program. "It looks like it's making social norms more

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positive for marijuana. And it looks like it's increasing frequency of use."

Thurstone said he intends to apply for federal grant funding to more fully examine the subject.

That funding would come from \$2 million a year that the National Institute on Drug Abuse set aside late last year to study the effects of medical-marijuana policies on broader drug use and public health.

NIDA officials decided to offer the funding after seeing a rapid change in marijuana policies across the country — 15 states and the District of Columbia now have medical-marijuana programs, and California voters vigorously debated a legalization initiative this fall before voting it down.

Wilson Compton, the director of NIDA's division of epidemiology, services and prevention research, said very little research has looked at how medical-marijuana policies affect overall marijuana use. Compton said he was surprised to see how openly dispensaries were advertising when he visited Colorado last year on a ski trip.

"The impact on broad social attitudes and behaviors could be shifted by that kind of media exposure and advertising," he said.

Medical-marijuana advocates, meanwhile, say they think the concerns are overblown.

Brian Vicente, the executive director of Sensible Colorado, said the issue is "certainly worth

looking into" but pointed out that teens nationwide report easy access to pot, whether they live in a medical-marijuana state or not.

And Vicente disputed that medical marijuana has made pot more attractive to teens.

"If anything I think it's less glamorous now because it's viewed as something that your mom or elderly people use," he said.

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Numbers

83% Daily use among teens who say they acquired marijuana from medical-pot patients

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perspective

Smoke and mirrors: Colorado teenagers and marijuana

By Christian Thurstone

Posted: 01/31/2010 01:00:00 AM MST

Updated: 02/01/2010 02:11:14 PM MST

Colorado's public policies regarding the use of medical marijuana are a complete mess — and as the medical director of a busy adolescent substance abuse treatment program in Denver, I get to contend with this mess every day.

Take, for example, the 19-year-old whom I have treated for severe addiction for several months. He recently showed up in my clinic with a medical marijuana license. How did he get it? Easy, he said. He paid \$300 for a brief visit with another doctor to discuss his "depression." The doctor took a cursory medical history that certainly didn't involve contacting me.

The teenager walked out with the paperwork

needed not only for a license to smoke, but also for a license permitting a "caregiver" to grow up to six marijuana plants for him. My patient, who had quit using addictive substances after a near-death experience, is back to smoking marijuana daily, along with his caregiver.

So, that's just one young person who managed to game the system, right? Not by a long shot.

In the last three months, I have seen more than a dozen young people — all between the ages of 18 and 25 and with histories of substance abuse — who received from other doctors what are essentially permission slips to smoke pot. Some of my colleagues recently reported seeing a young, pregnant woman who was granted a license to smoke marijuana because of her nausea. (Yes, you read that right.) Kids without licenses tell me about the potent pot they buy from from caregivers whose plants yield enough supply to support sales on the side.

Colorado schools are also scrambling to make sense of our muddled public policies. Educators ask me how to deal with students who have marijuana prescriptions for their attention-deficit/hyperactivity disorder and with the "medical marijuana specialists" seen passing out business cards in student parking lots. Here's what I tell them: Good research shows that using marijuana makes anxiety, depression and ADHD worse, so let's stop prescribing marijuana to our youth.

Colorado is just beginning to see much bigger and more costly problems associated with teen

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marijuana smoking. That's particularly unfortunate because our state already ranks among the top five for adolescent marijuana use and among states providing the least access to adolescent substance abuse treatment.

For teenagers, marijuana is an especially addictive drug. Nationally, almost 5.5 percent of high school seniors smoke marijuana daily, according to researchers at the University of Michigan. About 95 percent of the hundreds of young people referred to my clinic each year have problems with marijuana. I see teenagers who choose pot over family, school, friends and health every day. When they're high, these young people make poor choices that lead to unplanned pregnancies, sexually transmitted diseases, school dropouts and car accidents that harm innocent people. When teenagers are withdrawing from marijuana, they can be aggressive and get into fights or instigate conflicts that lead to more trouble.

Now, almost every day, a kid asks me, "Doc, how can marijuana be bad? It's a medicine."

I recently reviewed medical marijuana licenses in Colorado and found that only 3 percent belong to people with cancer and 1 percent to people with HIV. Those illnesses are not open to much interpretation; you've either got them or you don't. However, a whopping 90 percent of Colorado's medical marijuana licenses have been awarded for "pain," which is a highly subjective qualifying condition that makes it easy to abuse the system. Also interesting is that 70 percent of Colorado's medical marijuana prescriptions are

for men, and the biggest age group of licensees is 25- to 34-year-olds.

Medical marijuana in this state is not being prescribed for end-stage illnesses. Instead, it is being handed to the demographic most likely to have addictions.

The medicinal value of smoked tetrahydrocannabinol — marijuana's active ingredient — has hardly been studied in controlled trials, which is why the American Medical Association recently called for more research. In the absence of credible data, we're allowing this public debate to be bombarded by junk science and blatant lies championed by people more interested in getting high than in alleviating the pain of end-stage illness.

Medically speaking, there's probably little need for smoked marijuana. Tetrahydrocannabinol has been available as a pill for years. For patients too nauseous to take a pill, a tetrahydrocannabinol patch has been produced and studied but is not yet available for prescription. The pill and patch have been deemed effective, produce less intoxication and are far less addictive than smoked marijuana.

With such limited data, it's incredible that marijuana bypassed FDA approval and the way medications are normally dispensed in pharmacies. It is ridiculous that this "medicine" can be sold in an array of flavors alongside pot brownies and candies. Also stunning is that marijuana has bypassed the Colorado Prescription Drug Monitoring Program, which

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enables me to look up all of my patients' prescriptions. Now, I can see all of their meds — except for their marijuana.

What Colorado has created is a backdoor way to legalize marijuana, and it has done so in a manner that makes a mockery of responsible medicine.

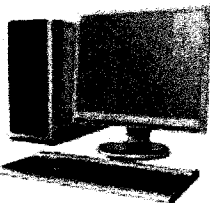
Let's stop talking in terms of smoked marijuana's medicinal value because we're not even close to knowing what that is. Let's instead answer the question that's truly at the heart of all of this political wrangling: Is smoking marijuana a civil right?

Before answering that question, Colorado should carefully study the social costs of accidents, aggression, school dropouts, STDs and teen pregnancy that will inevitably be the result of increased marijuana use. No medication — not even marijuana — is without side effects.

Christian Thurstone is a board-certified child/adolescent and addictions psychiatrist who conducts federally funded research on marijuana addiction in teenagers.

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Pot slipping into school

Posted: Wednesday, November 17, 2010 9:06 am

By CHRIS PETERSON / Hungry Horse News

Columbia Falls Police say they're catching more students at the junior high with marijuana this year and parents may be the ones to blame.

Last Thursday a student was charged with possession of dangerous drugs, a misdemeanor offense. Normally petty crimes go relatively unnoticed. But this is the sixth marijuana case in the school this year, and it's only November.

"Last year, I don't think we had one (arrest for marijuana at the school)," Columbia Falls Police Chief Dave Perry said.

Perry suspects students aren't buying it on the streets.

"They don't go out and buy it. They get it from a parent or an older brother or sister with a (medical marijuana) card," he said.

And how does he know? With a typical crime, like a fight or theft for example, the parents are almost always willing to divulge information. But in recent pot cases, when parents are asked for permission to question the student about how and where they got the marijuana, the parents are tight-lipped.

"They say no," Perry said.

And that, he claims, is a clear indication the marijuana came from the home.

But junior high principal Dave Wick said he hasn't seen evidence of that on his end. He said of the six cases, some were done by a couple of individuals on more than one occasion. One individual self-reported marijuana use after the student came to school under the influence. In other cases, students have turned in classmates for pot use.

Wick noted that penalties for drug use or drug distribution are severe. For distribution, a student can be expelled.

"We're pretty vigilant," he said.

Perry isn't saying that marijuana use doesn't exist in the high school — it does. But by the time users reach high school, Perry said students wise up. They don't usually bring the drugs on campus or school grounds, because they know there's a chance they could get caught. The high school and junior high use drug-sniffing dogs to check vehicles on school grounds as well as school lockers and other areas.

The chief said he didn't know how many people in Columbia Falls had medical marijuana cards or how many growers there were in the city, either. The information is confidential unless an officer has to confirm the validity of medical marijuana user or grower.

Montana's medical marijuana law allows a "qualifying patient," a person who is approved and registered by the state to grow their own medical marijuana — up to a limit of six plants and one ounce of dried marijuana in possession. An ounce might not seem like much, but it's a fairly large bag of pot.

The law does allow minors to use medical marijuana, but it prohibits use in schools.

Montana's medical marijuana law will likely see changes in the upcoming legislative session.

There are a host of proposals on the table which would restrict how and where people can use medical marijuana. There is also a proposal to establishing a regulatory system that licenses and inspects medical marijuana growers and users. None of the provisions repeal the existing law.

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A project of
SaveCalifornia.com
Campaign for Children and Families

Documentation of MarijuanaHarmsFamilies.com Video 1 Released on August 17, 2010

The #1 addiction for 65% of teens in drug rehab.

Age at admission	Marijuana primary substance at admission
12 to 14 years	63.0%
15 to 17 years	68.8%

-- Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS), page 51, Table 2.1b. Data received through 8.31.09
<http://www.dasis.samhsa.gov/teds08/teds2k8natweb.pdf>

"Treatment Admissions with Marijuana as the Primary Substance of Abuse" (65.1% of persons ages 12-17 admitted to drug treatment centers had marijuana as their primary substance of abuse)
-- 2005 Treatment Episode Data Set, Page 7, Figure 10, Substance Abuse & Mental Health Services Administration (SAMHSA), United States Department of Health and Human Services
http://www.justice.gov/dea/statistics/Marijuana_2008.pdf

A gateway drug to cocaine and meth.

"Marijuana is a gateway drug. In drug law enforcement, rarely do we meet heroin or cocaine addicts who did not start their drug use with marijuana. Scientific studies bear out our anecdotal findings. For example, the Journal of the American Medical Association reported, based on a study of 300 sets of twins, that marijuana-using twins were four times more likely than their siblings to use cocaine and crack cocaine, and five times more likely to use hallucinogens such as LSD. Furthermore, the younger a person is when he or she first uses marijuana, the more likely that person is to use cocaine and heroin and become drug-dependent as an adult. One study found that 62 percent of the adults who first tried marijuana before they were 15 were likely to go on to use cocaine. In contrast, only one percent or less of adults who never tried marijuana used heroin or cocaine."

-- "Marijuana: The Myths Are Killing Us," Community Alliances for Drug Free Youth, October 25, 2009 <http://www.cadfy.org.php5-13.websitetestlink.com/test/index.php/prevention-resources/item/4-marijuana-the-myths-are-killing-us>

"Conclusions: Associations between early cannabis use and later drug use and abuse/dependence cannot solely be explained by common predisposing genetic or shared environmental factors. The association may arise from the effects of the peer and social context within which cannabis

is used and obtained. In particular, early access to and use of cannabis may reduce perceived barriers against the use of other illegal drugs and provide access to these drugs.”

-- Michael T. Lynskey, PhD; Andrew C. Heath, DPhil; Kathleen K. Bucholz, PhD; Wendy S. Slutske, PhD; Pamela A. F. Madden, PhD; Elliot C. Nelson, MD; Dixie J. Statham, MA; Nicholas G. Martin, PhD. Missouri Alcoholism Research Center, Department of Psychiatry, Washington University School of Medicine, St. Louis, Missouri.

Published: Journal of the American Medical Association (JAMA), Vol. 289, No. 4, January 22, 2003 <http://jama.ama-assn.org/cgi/content/full/289/4/427>

4 times more mind-altering than in the 1970's.

“The average THC for tested marijuana during 2008 was 10.1 percent, according to the government, compared to 1983 when it was reportedly under 4 percent.”

-- “Marijuana potency surpasses 10 percent, U.S. says,” CNN, May 14, 2009

<http://www.cnn.com/2009/HEALTH/05/14/marijuana.potency/index.html>

“Potency of Marijuana Seizures: 151% increase from 1983 to 2007”

-- 2005 Treatment Episode Data Set, Page 13, Figure 21, Substance Abuse & Mental Health Services Administration (SAMHSA), United States Department of Health and Human Services
http://www.justice.gov/dea/statistics/Marijuana_2008.pdf

“Marijuana is more potent than at any time since scientific analysis of the drug began in the 1970s, according to a report from the University of Mississippi’s Potency Monitoring Project. The average amount of THC in marijuana, the primary psychoactive ingredient in the drug, was tested at 9.6% --more than double the potency of marijuana in 1983. The highest concentration of THC found in a single sample was 37.2%.”

-- “Marijuana more potent than ever,” Los Angeles Times, June 12, 2008

http://latimesblogs.latimes.com/booster_shots/2008/06/marijuana-more.html

“It’s like drinking beer versus drinking whiskey,” said Dr. Nora D. Volkow, director of the National Institute on Drug Abuse, a government agency and a strong opponent of legalizing marijuana. “If you only have access to whiskey, your risk is going to be higher for addiction. Now that people have access to very high potency marijuana, the game is different.” A 2004 study in the Journal of the American Medical Association suggested that the stronger cannabis is contributing to higher addiction rates. The study, conducted for the National Institute on Drug Abuse, compared marijuana use in 2001 and 2002 with use a decade earlier. While the percent of the population using the drug remained stable during that time, dependence or abuse on the drug increased significantly, particularly among black and Hispanic men. Higher concentrations of delta-9-tetrahydrocannabinol, known as THC, the study said, was the likely reason for the growing dependency.

-- “Marijuana Is Gateway Drug for Two Debates,” New York Times, July 17, 2009

<http://www.nytimes.com/2009/07/19/fashion/19pot.html>

Harms the lungs faster than smoking cigarettes.

"Marijuana smoking leads to asymmetrical bullous disease, often in the setting of normal CXR and lung function. In subjects who smoke marijuana, these pathological changes occur at a younger age (approximately 20 years earlier) than in tobacco smokers."

-- Hii SW, Tam JD, Thompson BR, Naughton MT.

Department of Allergy, Immunology and Respiratory Medicine, Monash University, Melbourne, Victoria, Australia.

Published: Respiriology, January 2008

<http://www.ncbi.nlm.nih.gov/pubmed/18197922>

"There were distinct differences in the degree and type of toxicity elicited by marijuana and cigarette smoke. Marijuana smoke caused significantly more damage to cells and DNA than tobacco smoke, the researchers note."

-- Published: Science Daily, August 5, 2009

<http://www.sciencedaily.com/releases/2009/08/090805110741.htm>

"Specifically, the marijuana condensates were all found to be more cytotoxic and more mutagenic in the presence of S9 than the matched tobacco condensates."

-- Rebecca M. Maertens, Paul A. White, William Rickert, Genevieve Levasseur, George R. Douglas, Pascale V. Bellier, James P. McNamee, Vidya Thuppai, Mike Walker and Suzanne Desjardins

Research and Radiation Protection Directorate and Tobacco and Drugs Directorate, Health Canada, Ottawa, ON, Canada, and Labstat International Inc., Kitchener, ON, Canada

Published: Chemical Research in Toxicology, July 17, 2009, Volume 22, No. 8, pp. 1406-1414

<http://pubs.acs.org/stoken/presspac/presspac/full/10.1021/tx9000286>

"We observed a remarkable increase in the number of young patients who presented with lung emphysema and secondary spontaneous pneumothorax (SSP) at our institution for over a period of 30 months; most of them have a common history of marijuana abuse....This obviously quite frequent condition in young and so far asymptomatic patients will have medical, financial, and ethical impact, as some of these patients may be severely handicapped or even become lung transplant candidates in the future."

-- Beshay M, Kaiser H, Niedhart D, Reymond MA, Schmid RA.

Division of General Thoracic Surgery, University Hospital Berne, Switzerland.

Published: European Journal of Cardio-thoracic Surgery, October 2007

<http://www.ncbi.nlm.nih.gov/pubmed/17931876>

"In conclusion, the results of the present study indicate that long-term cannabis use increases the risk of lung cancer in young adults."

-- S. Aldington¹, M. Harwood¹, B. Cox², M. Weatherall³, L. Beckert¹, A. Hansell⁴, A. Pritchard¹, G. Robinson¹, R. Beasley^{1,5} and on behalf of the Cannabis and Respiratory Disease Research Group; ¹Medical Research Institute of New Zealand, ³Wellington School of Medicine & Health Sciences, Wellington, ²Hugh Adam Cancer Epidemiology Unit, University of Otago, Dunedin, New Zealand, ⁴Imperial College London, London, and ⁵University of Southampton,

Southampton, UK. Medical Research Institute of New Zealand
Published: European Respiratory Journal, February 1, 2008, vol. 31, no. 2, pp. 280-286
<http://erj.ersjournals.com/content/31/2/280.full>

In addition, regular marijuana smoking alters brain circuits and causes brain abnormalities in teenagers and young adults:

"Despite the alarming increment in the use and abuse of cannabis preparations among young people, little is known about possible long-term consequences of targeting the endocannabinoid system during the critical developmental period of adolescence....A long-lasting decrease of CB1R binding levels was found in caudate-putamen, nucleus accumbens, ventral tegmental area and hippocampus, while an opposite increment was observed in the locus coeruleus. Present results provide evidence for long-lasting effects of adolescent URB597 administration. Activation of endocannabinoid transmission during the still plastic phase of adolescence may have implications for the maturational end-point of the endocannabinoid system itself, which could lead to permanent alterations in neuronal brain circuits and behavioural responses."

-- Marco EM, Rubino T, Adriani W, Viveros MP, Parolaro D, Laviola G.

Department Cell Biology and Neuroscience, Istituto Superiore di Sanita, Rome, Italy.

Study from February 2009

<http://www.ncbi.nlm.nih.gov/pubmed/19111160>

"There is growing evidence that adolescence is a key period for neuronal maturation. Despite the high prevalence of marijuana use among adolescents and young adults in the United States and internationally, very little is known about its impact on the developing brain. Based on neuroimaging literature on normal brain developmental during adolescence, we hypothesized that individuals with heavy cannabis use (HCU) would have brain structure abnormalities in similar brain regions that undergo development during late adolescence, particularly the fronto-temporal connection....Our results support the hypothesis that heavy cannabis use during adolescence may affect the trajectory of normal brain maturation. Due to concurrent alcohol consumption in five HCU subjects, conclusions from this study should be considered preliminary, as the DTI findings reported here may be reflective of the combination of alcohol and marijuana use. Further research in larger samples, longitudinal in nature, and controlling for alcohol consumption is needed to better understand the pathophysiology of the effect of cannabis on the developing brain."

-- Diffusion abnormalities in adolescents and young adults with a history of heavy cannabis use.

Ashtari M, Cervellione K, Cottone J, Ardekani BA, Kumra S.

The Children's Hospital of Philadelphia, Philadelphia, PA, United States.

Published: Journal of Psychiatric Research, January 2009

<http://www.ncbi.nlm.nih.gov/pubmed/19111160>

Marijuana could be sold in grocery stores.

In addition to legalizing marijuana consumption, possession, cultivation and transportation for any California resident 21 and over, California's marijuana legalization proposal (Proposition 19) would allow cities and counties to license marijuana to be sold and smoked at any business establishment, including grocery stores, mini-marts, gas stations,

restaurants, etc. (In addition, Prop. 19, with or without local government licensing, would allow marijuana to be smoked in all “non-public places,” which, according to a 2010 California state court ruling, includes grocery stores. Current California anti-smoking statutes only mention “tobacco products,” which does not apply to marijuana smoking).

11301. Commercial Regulations and Controls.

Notwithstanding any other provision of state or local law, a local government may adopt ordinances, regulations, or other acts having the force of law to control, license, regulate, permit, or otherwise authorize, with conditions, the following:

- (a) The cultivation, processing, distribution, safe and secure transportation, and sale and possession for sale, of cannabis, but only by persons and in amounts lawfully authorized.*
- (b) The retail sale of not more than one ounce per transaction,*
- (e) Consumption of cannabis within licensed premises.*

-- From the text of California’s marijuana legalization proposal (Proposition 19)

<http://www.voterguide.sos.ca.gov/pdf/english/text-proposed-laws.pdf>

Current law: Current law prohibits smoking “tobacco products” in the workplace. *See Cal. Lab. Code § 6404.5.*

Effect of Proposition 19: Because the current anti-smoking law only applies to tobacco products, the proposition would not prohibit employees from smoking marijuana in the workplace. In fact, employers would be required to allow marijuana smoking at work because Proposition 19 would prohibit denial of “any right or privilege” granted by the Act, without defining what that means. Just as confusing, the Act specifies that users can “possess” or “share” marijuana in a “non-public place,” but does not define what a “non-public place” is. In other contexts, California courts have interpreted “public place” narrowly, so most locations are “non-public places.” For example, recently, a California court found that even a grocery store was not a public place. *Ralphs Grocery Co. v. United Food and Commercial Workers Union Local 8*, 2010 Cal. App. LEXIS 1171 (2010). So, users would be able to smoke in virtually any workplace.

-- “Proposition 19: The Impact on the Workplace,” California Chamber of Commerce, August 2010

http://www.calchamber.com/PressReleases/Documents/Prop_19_The_Impact_on_the_Workplace_F.pdf

Skyrocketing usage among teens and young people.

The Alaska Experiment and Other Failed Legalization Ventures

The consequences of legalization became evident when the Alaska Supreme Court ruled in 1975 that the state could not interfere with an adult’s possession of marijuana for personal consumption in the home. The court’s ruling became a green light for marijuana use. Although the ruling was limited to persons 19 and over, teens were among those increasingly using marijuana. According to a 1988 University of Alaska study, the state’s 12 to 17-year-olds used marijuana at more than twice the national average for their age group. Alaska’s residents voted in 1990 to recriminalize possession of marijuana, demonstrating their belief that increased use was too high a price to pay.

By 1979, after 11 states decriminalized marijuana and the Carter administration had considered federal decriminalization, marijuana use shot up among teenagers. That year, almost 51 percent of 12th graders reported they used marijuana in the last 12 months. By 1992, with tougher laws and increased attention to the risks of drug abuse, that figure had been reduced to 22 percent, a 57 percent decline.

Other countries have also had this experience. The Netherlands has had its own troubles with increased use of cannabis products. From 1984 to 1996, the Dutch liberalized the use of cannabis. Surveys reveal that lifetime prevalence of cannabis in Holland increased consistently and sharply. For the age group 18-20, the increase is from 15 percent in 1984 to 44 percent in 1996.

-- "Fact 6: Legalization of Drugs Will Lead to Increased Use and Increased Levels of Addiction. Legalization has been tried before, and failed miserably," Speaking Out Against Drug Legalization, May 2003, U.S. Drug Enforcement Administration
<http://www.justice.gov/dea/demand/speakout/06so.htm>

[In December 2009], a nationwide study of teen substance abuse from the University of Michigan reported that youth marijuana use increased last year, despite a nationwide prohibition. The study found 27 percent of 10th graders and a full third of 12th graders had used marijuana.

Comparatively, the rates for having had any alcohol to drink in the past 30 days are 15 percent, 30 percent and 44 percent in 8th, 10th and 12th grade. When asked how easy it would be to get alcohol if they wanted some, the majority of students in all three grades said it would be "fairly easy" or "very easy."

"The facts show that marijuana legalization for adults will significantly increase marijuana smoking by teenagers," said Thomasson. "If something is legal, children can get their hands on it. Some very selfish adults are leading young people astray."

-- SaveCalifornia.com News Release, January 12, 2010

<http://savecalifornia.com/ca-release-1-12-10-a-run-to-the-grocery-store-for-milk-eggs-and-marijuana.html>

Availability of marijuana, which might increase if the drug were legalized, clearly has been shown to affect adolescents' use. Adolescents who have been offered marijuana are 7 times more likely to use it than are those who have not been offered marijuana. Similarly, those who report that marijuana is easy to get are approximately 2.5 times more likely to use it than those who consider it hard to get.

Marijuana is cheap and easy to produce; if it were legalized, its price likely would decrease below current levels. Work by Pacula et al in the United States and Williams in Australia demonstrates clearly that a decrease in the price of marijuana is associated with a significant increase in the prevalence of use among adolescents.

Some advocates for the legalization of marijuana argue that it is safer than alcohol. They suggest that increased use of marijuana by young people might have a positive effect if some adolescents

switched from alcohol to marijuana (a substitution effect). This theory cannot be supported by recent studies on adolescent marijuana and alcohol use that incorporated the price of marijuana into the analysis. These studies conclude that an increase in use of marijuana by adolescents would result in an increased use of alcohol (ie, that the 2 drugs are economic complements).

From a public health perspective, even a small increase in use, whether attributable to increased availability or decreased perception of risk, would have significant ramifications. For example, if only an additional 1% of 15- to 19-year-olds in the United States began using marijuana, there would be approximately 190,000 new users.

-- Legalization of Marijuana: Potential Impact on Youth, PEDIATRICS, Vol. 113, No. 6, June 2004, pp. e632-e638. Alain Joffe, MD, MPH, W. Samuel Yancy, MD, the Committee on Substance Abuse and Committee on Adolescence

<http://pediatrics.aappublications.org/cgi/content/full/113/6/e632>

"Drugged driving" on streets and freeways.

As a senior at San Jose State University – in the year of our Lord, 1985 – I was tight with the hippie lettuce. Sadly, I also drove while stoned. I was absolutely impaired while doing so and thankfully never hurt anyone or myself. On Friday, an elementary school teacher was killed near Chico when hit by a motorist who police suspect was stoned. It was a reminder that legalized pot would only increase the number of reckless drivers in California. The suspect in the traffic fatality has a medical marijuana garden in Butte County, authorities said. Just imagine the hazards when anyone 21 and older can get legally high for the fun of it. Pot advocates claim alcohol is more deadly than marijuana but fail to mention the decades of science and law regulating alcohol. In California, a 0.08 blood-alcohol level means you're legally drunk. What's the equivalent to measure marijuana intoxication? There isn't one. "This is why it's going to be so dangerous and challenging if Proposition 19 passes," said Susan Manheimer, president of the California Police Chiefs Association. There is little consistency in "drugged driving" laws compared with DUI laws. Drugs like marijuana are harder to detect by police officers and in drug tests. Manheimer said that because DUI laws are more developed, California cops are allowed to force DUI suspects to take drug tests. That is not so for "drugged driving" suspects, she said.

-- Marcos Breton: California isn't ready to handle stoned drivers if Prop. 19 passes, Sacramento Bee, Sunday, July 25, 2010

<http://www.sacbee.com/2010/07/25/2913017/marcos-breton-california-isnt.html>

We all know the devastating impact drunk driving has as each year claiming thousands of innocent lives. Yet in some areas today, "drugged driving" may soon challenge drunk driving as the No. 1 killer of young adults on our roads. Get this: If this proposed initiative passes, California drivers will be able to operate a car while under the influence of marijuana. The initiative states smoking marijuana while driving is impermissible, but it would be perfectly legal to smoke or ingest marijuana immediately prior to driving. And because marijuana stays in the body so long, police officers will have virtually no way to prove if someone just ingested marijuana 10 minutes ago or 10 hours ago. Unlike with alcohol, there is no current test to show the level of marijuana intoxication. All authorities can currently do is test for the presence of marijuana. If this initiative passes, it is perfectly fine to have marijuana in your system at any

time – even while driving a school bus, taxi or light-rail train. I would never again feel safe sending any member of my family into a vehicle where I cannot be assured that the driver is not under the influence of marijuana, plain and simple. The fact that Mothers Against Drunk Driving opposes this initiative should send strong signals to anyone thinking of supporting this measure. -- Dr. Ron Allen, "The devil is in the details: Pot initiative carries unseen dangers," Sacramento Bee, June 25, 2010

<http://www.sacbee.com/2010/06/25/2847670/the-devil-is-in-the-details-pot.html>

Marijuana: THC affects areas of the brain that control the body's movements, balance, coordination, memory, and judgment, as well as sensations. Because these effects are multifaceted, more research is required to understand marijuana's impact on the ability of drivers to react to complex and unpredictable situations. However, we do know that:

- A meta-analysis of approximately 60 experimental studies, including laboratory, driving simulator, and on-road experiments, found that behavioral and cognitive skills related to driving performance were impaired in a dose-dependent fashion with increasing THC blood levels.
- Evidence from both real and simulated driving studies indicates that marijuana can negatively affect a driver's attentiveness, perception of time and speed, and the ability to draw on information obtained from past experiences.
- A study of over 3000 fatally-injured drivers in Australia showed that when marijuana was present in the blood of the driver they were much more likely to be at fault for the accident. And the higher the THC concentration, the more likely they were to be culpable.
- Research shows that impairment increases significantly when marijuana use is combined with alcohol. Studies have found that many drivers who test positive for alcohol also test positive for THC, making it clear that drinking and drugged driving are often linked behaviors.

-- InfoFacts: Drugged Driving, October 2009, National Institute of Drug Abuse, National Institutes of Health

<http://www.nida.nih.gov/Infofacts/driving.html>

The "right" to get high while on the job.

Imagine a workplace where employees show up to work high on marijuana and there is nothing you can do about it. That's what employers can look forward to if Proposition 19 passes.

Proposition 19 seeks to legalize the cultivation, processing, transportation, distribution, and sale of marijuana for personal use in California. This vaguely worded proposition will make sweeping changes in the way employers do business, and require employers to offer extra protections to marijuana users.

If Proposition 19 became law:

- Employers would have to permit employees to smoke marijuana at work.
- Employers would lose millions in valuable federal contracts and grants because they would be unable to comply with federal laws outlawing marijuana use.
- Employers would not be able to make workplace decisions based on marijuana use.
- Employers would have to provide a reasonable accommodation to marijuana users.
- Employers would be required to pay for marijuana-related accidents through workers' compensation insurance premiums and liability to third-parties.
- Employers would have to warn others about marijuana use in the workplace through a "Prop 65" warning.
- Employers would be unable to comply with their obligations to provide a safe workplace.

-- Proposition 19: The Impact on the Workplace, California Chamber of Commerce, August 2010

http://www.calchamber.com/PressReleases/Documents/Prop_19_The_Impact_on_the_Workplace_F.pdf

Proposed section 11304, subsection (c) provides that: "No person shall be punished, fined, discriminated against, or be denied any right or privilege for lawfully engaging in any conduct permitted by this Act."

Cooley writes: "Since this provision protects all 'conduct permitted by the Act,' a California employer will no longer be able to screen job applicants for marijuana use; regulate any employee conduct related to the use, transportation, or cultivation of marijuana, unless the employer can prove job impairment; or choose to maintain a drug-free workplace consistent with federal law."

Proposition 19 proponents claim that the second half of Section 11304 — "provided, however, that the existing right of an employer to address consumption that actually impairs job performance by an employee shall not be affected" — protects employers' ability to fire workers for being stoned on the job. But that places the burden of proving what "actually impairs job performance" onto the employer. Even advocates for marijuana legalization see this as a huge loophole.

National Organization for the Reform of Marijuana Law Stash Blog writer Russ Belville said in his analysis of this section: "This is a big one. You can't be punished or denied privileges based on pot smoking. The only exception is employers preventing you from smoking pot on the job. Note the 'actually impairs job performance' language. This is the loophole through which some attorney is going to drive a big truck delivering us freedom from workplace pee testing for cannabis. Pee test metabolites do not prove workplace impairment." (July 17, 2010).

-- Ed Rullman: Prop. 19's 'pretty clear' intent is not good enough, Redding Record Searchlight, Aug. 15, 2010 <http://www.redding.com/news/2010/aug/15/prop-19s-pretty-clear-intent-is-not-good-enough/>

Higher insurance premiums as addictions soar.

EMPLOYERS' LIABILITY INSURANCE AND WORKERS' COMPENSATION INSURANCE

CalChamber's employment law advisor Jennifer Shaw, who prepared the analysis, points out that the measure establishes a new, higher, but yet undefined standard of "actual impairment."

According to Shaw, under this standard, an employer cannot take any action related to an employee's use of marijuana and their potential threat to workplace safety as is currently the case for alcohol. For example, if a forklift driver showed up reeking of marijuana smoke, an employer could not take disciplinary action until it could be proven that the employee's job performance was 'actually impaired' by the marijuana use (for example, after an accident occurred). Under Proposition 19, marijuana would be more protected than alcohol. "Imagine a workplace where employees show up to work high and there's nothing an employer can do about it," said Shaw. "It is pretty clear that Proposition 19 will lead to many unfortunate outcomes including compromised workplace safety, discrimination lawsuits filed by employees who use marijuana but got fired for poor performance, and increased costs of liability insurance," she said.

-- "CalChamber Sounds Alarm on Employer Impact of Proposition 19: Legal Analysis Reveals Serious Workplace Issues If Measure Becomes Law," August 12, 2010, California Chamber of Commerce

<http://www.calchamber.com/Headlines/Pages/CalChamberSoundsAlarmonEmployerImpactofProposition19.aspx>

AUTOMOBILE INSURANCE, PRIVATE HEALTH INSURANCE, AND GOVERNMENT HEALTHCARE COSTS WILL LIKELY INCREASE

"If access to marijuana is easier and social stigmas to marijuana are reduced, there will be more marijuana use and that will lead to more 'drugged driving' on the road, resulting in increased liability for automobile insurance, which will quickly lead to higher insurance premiums for all drivers. And, given that the Legislative Analyst's Office is already predicting that marijuana legalization will increase the financial burdens of taxpayer-funded drug treatment clinics, you can expect private health insurance to go up, too. Marijuana for everyone means costlier insurance for everyone."

-- Tom Hudson, Executive Director of the California Taxpayer Protection Committee
August 16, 2010

Other Fiscal Effects on State and Local Programs. The measure could also have fiscal effects on various other state and local programs. For example, the measure could result in an increase in the consumption of marijuana, potentially resulting in an unknown increase in the number of individuals seeking publicly funded substance abuse treatment and other medical services.

-- California Legislative Analyst's Office, Analysis of Proposition 19, July 15, 2010

http://lao.ca.gov/ballot/2010/19_11_2010.aspx

Marijuana operatives could buy thousands of acres of farmland.

11301. Commercial Regulations and Controls.

Notwithstanding any other provision of state or local law, a local government may adopt ordinances, regulations, or other acts having the force of law to control, license, regulate, permit, or otherwise authorize, with conditions, the following:

(a) The cultivation, processing, distribution, safe and secure transportation, and sale and possession for sale, of cannabis, but only by persons and in amounts lawfully authorized.

(l) Such larger amounts as the local authority deems appropriate and proper under local circumstances, than those established under subdivision (a) of Section 11300 for personal possession and cultivation, or under this section for commercial cultivation, processing, transportation, and sale by persons authorized to do so under this section.

-- From the text of California's marijuana legalization proposal (Proposition 19)

<http://www.voterguide.sos.ca.gov/pdf/english/text-proposed-laws.pdf>

The Board of Equalization analysis takes into consideration that prices will fall if pot is legalized. It estimates a drop of 50 percent, but states that consumption could increase by 40 percent as a result of the price drop. The decline in prices is expected to take much of the profit out of pot, a concern for some underground operators. They also fear that big tobacco companies will step in and begin growing pot on farmland in the Central Valley, effectively killing North Coast production.

-- "Mendocino County resident mull their options as 'cannabis county' destination,"

CalPotNews, April 1, 2010

<http://calpotnews.com/government/ballot-initiatives/mendocino-county-residents-mull-their-options-as-cannabis-country-destination/>

Some experts think special zoning will be required for commercially grown marijuana, as well as distinct water rights to protect connected farm lands and forests. The California Coastal Commission, which regulates property development near the Pacific coastline, likely will interfere with ambitions to grow as well, in an effort to protect the environment. Owning land that could commercially grow marijuana may not prove lucrative without proper permits. Still, pot billionaires and hemp empires are expected to be forged after legalization. There will likely emerge a Robert Mondavi of the marijuana business. Agriculture companies will race to build marijuana harvesters, tractors and seeders. New pot-specific fertilizers and pesticides will be sought. Commercial development catering to hemp outfitters and smoke shops, like those in Amsterdam, will break ground and revitalize infrastructure. Counties will immediately see the benefits of increased tourism, which industry experts expect to surge in the region.

-- "Marijuana crop could bring cash to California's next Napa," The Daily Caller, January 14, 2010

<http://dailycaller.com/2010/01/14/marijuana-crop-could-bring-cash-to-californias-next-napa/>

Pot slipping into school

Posted: Wednesday, November 17, 2010 9:06 am

By CHRIS PETERSON / Hungry Horse News |

Columbia Falls Police say they're catching more students at the junior high with marijuana this year and parents may be the ones to blame.

Last Thursday a student was charged with possession of dangerous drugs, a misdemeanor offense. Normally petty crimes go relatively unnoticed. But this is the sixth marijuana case in the school this year, and it's only November.

"Last year, I don't think we had one (arrest for marijuana at the school)," Columbia Falls Police Chief Dave Perry said.

Perry suspects students aren't buying it on the streets.

"They don't go out and buy it. They get it from a parent or an older brother or sister with a (medical marijuana) card," he said.

And how does he know? With a typical crime, like a fight or theft for example, the parents are almost always willing to divulge information. But in recent pot cases, when parents are asked for permission to question the student about how and where they got the marijuana, the parents are tight-lipped.

"They say no," Perry said.

And that, he claims, is a clear indication the marijuana came from the home.

But junior high principal Dave Wick said he hasn't seen evidence of that on his end. He said of the six cases, some were done by a couple of individuals on more than one occasion. One individual self-reported marijuana use after the student came to school under the influence. In other cases, students have turned in classmates for pot use.

Wick noted that penalties for drug use or drug distribution are severe. For distribution, a student can be expelled.

"We're pretty vigilant," he said.

Perry isn't saying that marijuana use doesn't exist in the high school — it does. But by the time users reach high school, Perry said students wise up. They don't usually bring the drugs on campus or school grounds, because they know there's a chance they could get caught. The high school and junior high use drug-sniffing dogs to check vehicles on school grounds as well as school lockers and other areas.

The chief said he didn't know how many people in Columbia Falls had medical marijuana cards or how many growers there were in the city, either. The information is confidential unless an officer has to confirm the validity of medical marijuana user or grower.

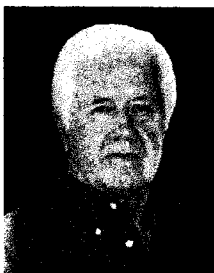
Montana's medical marijuana law allows a "qualifying patient," a person who is approved and registered by the state to grow their own medical marijuana — up to a limit of six plants and one ounce of dried marijuana in possession. An ounce might not seem like much, but it's a fairly large bag of pot.

The law does allow minors to use medical marijuana, but it prohibits use in schools.

Montana's medical marijuana law will likely see changes in the upcoming legislative session.

There are a host of proposals on the table which would restrict how and where people can use medical marijuana. There is also a proposal to establishing a regulatory system that licenses and inspects medical marijuana growers and users. None of the provisions repeal the existing law.

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MARIJUANA - PERMANENT DAMAGE TO THE BRAIN

IF NOTHING ELSE SCARES YOU, THIS SHOULD!

By Roger Morgan, Exec Director, Coalition for a Drug Free California
Author of *Marijuana: Brain Damage. Birth Defects. Addiction*
P.O. Box 1450, Lincoln, Ca 95648 (916) 434 5629

For most of history, scientists believed that the human brain was fully developed by the time a child reached age 10. We now know **it isn't fully developed until the mid-twenties**, or later, and until it is it is much more vulnerable to harm and addiction. During adolescence and early adulthood, the toxic effects of drugs and alcohol **can do permanent, irreversible harm**. To compound the problem, the age groups with the highest percentage of alcohol and drug use are age 25 and under.

As far back as 1983, Dr. David Goodman published an excellent booklet called "10 STARTLING NEW FACTS about BRAIN DAMAGE and MARIJUANA."ⁱ Drawing on the wisdom of the best brain scientists of the day, what he and they predicted has now been largely confirmed. Marijuana adversely impacts numerous areas of the adolescent brain and can cause irreversible damage.

Dr. Goodman stated the urgency at that time was that marijuana had increased in potency from less than 1% to 4% to 6% THC. If that was cause for concern, today's pot selling in a normal range of 10 to 21% THC and ranging as high as 30% is cause for hysteria. Predictably, the impact on people young and old has already caused major problems throughout the world.

Dr. Goodman and those he cited pointed out the adverse impacts of marijuana on the brain, noting that the exact cause of marijuana brain damage may be far off, perhaps as long as 15 to 20 years. (It has now been 27) But even 27 years ago he stated "*Scientists cannot take too lightly that the hippocampus is involved in the regulation of puberty, mood, feelings, attention, concentration, learning and memory. Also, marijuana most probably damages it.*" Time has validated all of that, and as research has continued, we now have an even better idea of the damage, as indicated below:

- Our studies have shown that frequent marijuana use in adolescence is linked to poorer memory and attention, abnormal brain activation, and poorer integrity of white matter in the brain, **even after 28 days of abstinence**. (Susan Tapert, MD)ⁱⁱ
- Researchers used a novel form of brain imaging (diffusion tensor imaging (DTI)) to discover that white matter in the brains of adolescents at risk of developing schizophrenia does not develop at the same rate as healthy people. Research was focused on the brain's white matter because it is known that white matter is disrupted in people who already have schizophrenia, and there is increasing evidence that white matter connectivity may be highly relevant of the development of psychosis. (Tyrone D. Cannon of UCLA and Tara Niendan of UC Davis)ⁱⁱⁱ
- Recent, high-quality, longer term, robust research involving thousands upon thousands of people over generations of time, in several populations and countries, has shown that **marijuana, especially in teen boys, leads to measureable increase in the future**

development of schizophrenia even when controlling for family and environment. risks are dose-related, and are higher the lower the age of first exposure.researchers have moved beyond looking for an association and now working to specifically identify the genes and neurotransmitters marijuana affects to induce schizophrenia.” (Dr. Gurley)^{iv}

- The general perception that cannabis is a “soft” drug may not be true. **There is now evidence that cannabis may affect the adolescent brain (permanently altering) its developmental trajectory.** While this may not occur in everyone, some people may be particularly vulnerable. Until we can identify who is particularly vulnerable, using cannabis during adolescence may be like playing Russian roulette. **We need to warn young people about the risks they take when using cannabis.”** (Dr. McGrath after studying 228 pairs of siblings.)^v

- Adolescents and young adults who are heavy users of marijuana are more likely than non-users to have disrupted brain development.researchers found abnormalities in areas of the brain that interconnect brain regions involved in memory, attention, decision-making, language and executive functioning skills. The findings are of particular concern because **adolescence is a critical period for brain development and maturation.....**Our results suggest that early-onset substance use may alter the development of white matter circuits, especially those connections among the front, parietal and temporal regions of the brain. Abnormal white matter development could slow information transfer in the brain and affect cognitive functions.....Our work reinforces the idea that the adolescent brain may be especially vulnerable to risky behavior such as substance abuse, because of crucial normal development that occurs during these years. (Manzar Ashtari, Ph.D.)^{vi}

- **SCHIZOPHRENIA.COM** published an article called Cannabis / Marijuana (and other street drugs) Have Been Linked to Significant Increases in a Person’s Risk for Schizophrenia.^{vii} Included therein:

- The risk is higher when drugs are used by people under the age of 21, a time when the human brain is developing rapidly and is particularly vulnerable.

- Researchers in New Zealand found the younger a person smokes/uses cannabis, the higher the risk for schizophrenia, and the worse the schizophrenia is when the person does develop it..... Psychiatrists in inner-city areas speak of cannabis being a factor in up to 80% of schizophrenia cases.

- In London and New Zealand a study of 750 adolescents concluded that people were 4.5 times more likely to be schizophrenic at 26 if they were regular cannabis smokers at 15, compared to 1.65 times for those who did not report regular use until age 18.

- Many researchers now believe that using the drug while the brain is still developing boosts levels of the chemical dopamine in the brain. This in turn can directly lead to schizophrenia.

- At the College of London, Professor John Henry said research has shown that people with a certain genetic makeup who use the drug face a ten times (1000%) higher risk of schizophrenia. If your risk was 6% due to family history prior to taking cannabis, it could be 60% - or more likely than not - after taking cannabis.

- A recent Dutch study showed that teenagers who indulge in cannabis as few as five times in their life significantly increase their risk of psychotic symptoms.

- The British Lung Association says cannabis on the streets today is 15 times more powerful than 3 decades ago, and could be tied to the increase in psychosis.

- In Melbourne a study revealed that regular use of cannabis by adolescent girls could trigger long-term depression, and for those vulnerable to a psychotic disorder, **even a small amount of cannabis could pose a threat.**

- Professor Castle, author of Marijuana Madness, said some people who are prone to psychosis can have a bad experience the first time they use cannabis, like being paranoid of hearing a voice calling their name. **People with such vulnerability should avoid cannabis like the plague.**

- Swedish study of 50,000 military conscripts found heavy use of cannabis increased the risk of suicide by four times (400%). A Victorian study of 2,332 adolescents found weekly use increased the risk of suicide attempts among females by five times. Weekly use by teenagers doubled the risk of depression and anxiety. Daily use at age 20 boosted the risk of depression and anxiety by five times (500%). Heavy consumers of cannabis at age 18 were over 600% more likely to be diagnosed with schizophrenia over the next 15 years than those who did not take it..... experts estimate that between 8% and 13% of all schizophrenia cases are linked to marijuana use during teen years.

• White matter growth accelerates in the teen years and continues into adulthood. The “growth” is actually the result of myelin encasing the brain’s connecting wires while the white matter is being wrapped in its protective coating, the gray matter of the brain is undergoing its own changes. Inefficient or confusing connections between neurons, called synapses, are pruned and some cells die. **From ages 14 to 16, people lose about 20% of the synapses in the brain.**^{viii}

• Harvard Medical School in March, 2010 confirmed that young people who smoke pot are 6 times more likely than others to develop psychosis; three times more likely to have hallucinations; four times more likely to have delusions..... side affects can appear years after you have quit. A study of 4,000 young Australian adults showed that those who first used pot before age 15 or younger were twice as likely to report psychotic symptoms when they were 21.....people who had “ever” used marijuana were 41% more likely to later develop psychotic symptoms. The risk for regular users was 50% to 200% more likely. The recommendation of Dr. Mary Pickett? **“If you smoke marijuana, my advice is to stop.”**^{ix}

So there you have it. The highest level of use of marijuana is in the age group 25 and under, which is also the worst time to use pot because of its impact on the developing brain. Even a small amount of use as a teenager can trigger psychotic events years later, and the impact can have irreversible consequences. The age of **first use**, **frequency** of use and **potency** all factor in to the level of risk for psychosis and particularly schizophrenia, aside from the debilitating effects on memory, maturation, motivation, cognition, et al.

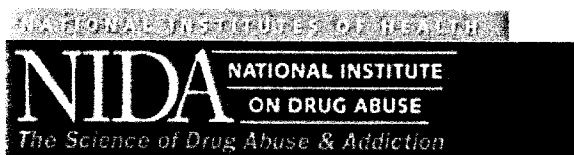
In the UK, Skunk, which averaged 16% THC, caused such a surge in mental illness and emergency room episodes that after downgrading pot in 2004, the government reclassified it three years later.. The “medical marijuana” being sold today is in the same range, so we should be right behind the UK in seeing the carnage. Indeed, are we seeing it now?

In 2010, it was John Patrick Beddell, the Pentagon Shooter. An avid pot smoker from adolescence, his altered schizophrenic and paranoid mind finally led him to drive from California to the Pentagon, shoot three guards, before they shot and killed him.

In January 2011, 22 year old Jared Loughner, a pothead, shot 19 people in Tucson, killed six, and critically wounding Representative Gabrielle Giffords. While the press has blamed everyone from Sarah Palin and the Tea Party to the NRA, there seems no question that his deranged, schizophrenic and paranoid mind is a result of extensive use of marijuana and other drugs.

How do we curtail the use of marijuana? It may not be possible with young adults, whether it is legal or not. But in the case of adolescents, we can control it much better with random drug testing, and educating parents and kids of the dangers of marijuana. It is no longer an option if we care about the kids, or their/our future.

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- i Goodman, David PhD. *Ten Startling New Facts About Brain Damage and Marijuana* (1983)
 - ii Tapert, Susan Ph.D., Professor of Psychiatry, UCSD, Associate Chief, Psychology Service, VASDHS, Director, Substance Abuse Mental Illness. VASDHS stapert@ucsd.edu
 - iii Cannon, Tyrone (UCLA) and Niendam, Tara A.(UC Davis) Research was carried out in the Clinical Neuroscience Lab of UCLA, with additional contribution from co-author Niendam of UC Davis.
 - iv Gurley, Dr. Board-certified Internist Physician and Harvard Medical School graduate now serving at the San Francisco City Public Health Administrator.
 - v McGrath, Dr. Ghose, Dr, University of Queensland. The study of 228 pairs of siblings which were drawn from a birth cohort of 3801 adults was published in the May issue of the //Archives of General Psychiatry.
 - vi Ashtari, Manzar Ph.D., Director of Diffusion Image Analysis and Brain Morphometry Laboratory in the Radiology Department of the Children's Hospital of Philadelphia. Journal reference Manzar Ashtari, Kelly Cervellione, John Cottone, Babk A. Ardekani, Sanjiv Kumra, *Diffusion abnormalities in adolescents and young adults with a history of heavy cannabis use*. Journal of Psychiatric Research, 2009; 43(3): 189-204 DOI: 10.1016/j.jpsychires.2008.12.002.
 - vii Schizophrenia.com article *Cannabis/ Marijuana (and other street drugs) Have Been Linked to Significant Increases in a Person's Risk for Schizophrenia*
 - viii Nasrallah, Dr. Henry, ; Yungelun-Todd, Director of Cognitive Neuroimaging at the Brain Imaging Center of McLean Hospital and Harvard Medical School in Boston, and Rapaport, Dr. Judith at the National Institute of Mental Health. Available at schizophrenia.com.
 - ix Pickett, Mary M.D. News Review from Harvard Medical School, (Mar 2, 2010) www.intelihealth.com website.



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NIDA Home > Drugs of Abuse/Related Topics > Marijuana > InfoFacts > Marijuana

NIDA InfoFacts: Marijuana

PDF Version [332 Kb]

En Español

Marijuana is the most commonly abused illicit drug in the United States. It is a dry, shredded green and brown mix of flowers, stems, seeds, and leaves derived from the hemp plant *Cannabis sativa*. The main active chemical in marijuana is delta-9-tetrahydrocannabinol, or THC for short.

How is Marijuana Abused?

Marijuana is usually smoked as a cigarette (joint) or in a pipe. It is also smoked in blunts, which are cigars that have been emptied of tobacco and refilled with a mixture of marijuana and tobacco. This mode of delivery combines marijuana's active ingredients with nicotine and other harmful chemicals. Marijuana can also be mixed in food or brewed as a tea. As a more concentrated, resinous form, it is called hashish; and as a sticky black liquid, hash oil.* Marijuana smoke has a pungent and distinctive, usually sweet-and-sour odor.

How Does Marijuana Affect the Brain?

Scientists have learned a great deal about how THC acts in the brain to produce its many effects. When someone smokes marijuana, THC rapidly passes from the lungs into the bloodstream, which carries the chemical to the brain and other organs throughout the body.

THC acts upon specific sites in the brain, called cannabinoid receptors, kicking off a series of cellular reactions that ultimately lead to the "high" that users experience when they smoke marijuana. Some brain areas have many cannabinoid receptors; others have few or none. The highest density of cannabinoid receptors are found in parts of the brain that influence pleasure, memory, thinking, concentrating, sensory and time perception, and coordinated movement.¹

Not surprisingly, marijuana intoxication can cause distorted perceptions, impaired coordination, difficulty with thinking and problemsolving, and problems with learning and memory. Research has shown that, in chronic users, marijuana's adverse impact on learning and memory can last for days or weeks after the acute effects of the drug wear off.² As a result, someone who smokes marijuana every day may be functioning at a suboptimal intellectual level all of the time.

Research into the effects of long-term cannabis use on the structure of the brain has yielded inconsistent results. It may be that the effects are too subtle for reliable detection by current techniques. A similar challenge arises in studies of the effects of chronic marijuana use on brain function. Brain imaging studies in chronic users tend to show some consistent alterations, but their connection to impaired cognitive functioning is far from clear. This uncertainty may stem from confounding factors such as other drug use, residual drug effects, or withdrawal symptoms in long-term chronic users.

Addictive Potential

NIDA InfoFacts

Recommended Reading

- NIDA Research Report: [Marijuana Abuse](#)
- [Marijuana: Facts for Teens](#)
- [Marijuana: Facts Parents Should Know](#)
- NIDA Notes: [Articles on Marijuana Research](#)

Other NIDA Web Sites

- [Marijuana-info.org](#)
- [NIDA for Teens: Marijuana](#)

Long-term marijuana abuse can lead to addiction; that is, compulsive drug seeking and abuse despite the known harmful effects upon functioning in the context of family, school, work, and recreational activities. Estimates from research suggest that about 9 percent of users become addicted to marijuana; this number increases among those who start young (to about 17 percent) and among daily users (25-50 percent).

Long-term marijuana abusers trying to quit report withdrawal symptoms including: irritability, sleeplessness, decreased appetite, anxiety, and drug craving, all of which can make it difficult to remain abstinent. These symptoms begin within about 1 day following abstinence, peak at 2-3 days, and subside within 1 or 2 weeks following drug cessation.³

Marijuana and Mental Health

A number of studies have shown an association between chronic marijuana use and increased rates of anxiety, depression, and schizophrenia. Some of these studies have shown age at first use to be an important risk factor, where early use is a marker of increased vulnerability to later problems. However, at this time, it is not clear whether marijuana use causes mental problems, exacerbates them, or reflects an attempt to self-medicate symptoms already in existence.

Chronic marijuana use, especially in a very young person, may also be a marker of risk for mental illnesses - including addiction - stemming from genetic or environmental vulnerabilities, such as early exposure to stress or violence. Currently, the strongest evidence links marijuana use and schizophrenia and/or related disorders.⁴ High doses of marijuana can produce an acute psychotic reaction; in addition, use of the drug may trigger the onset or relapse of schizophrenia in vulnerable individuals.

What Other Adverse Effect Does Marijuana Have on Health?

Effects on the Heart

Marijuana increases heart rate by 20-100 percent shortly after smoking; this effect can last up to 3 hours. In one study, it was estimated that marijuana users have a 4.8-fold increase in the risk of heart attack in the first hour after smoking the drug.⁵ This may be due to increased heart rate as well as the effects of marijuana on heart rhythms, causing palpitations and arrhythmias. This risk may be greater in aging populations or in those with cardiac vulnerabilities.

Effects on the Lungs

Numerous studies have shown marijuana smoke to contain carcinogens and to be an irritant to the lungs. In fact, marijuana smoke contains 50-70 percent more carcinogenic hydrocarbons than tobacco smoke. Marijuana users usually inhale more deeply and hold their breath longer than tobacco smokers do, which further increase the lungs' exposure to carcinogenic smoke. Marijuana smokers show dysregulated growth of epithelial cells in their lung tissue, which could lead to cancer;⁶ however, a recent case-controlled study found no positive associations between marijuana use and lung, upper respiratory, or upper digestive tract cancers.⁷ Thus, the link between marijuana smoking and these cancers remains unsubstantiated at this time.

Nonetheless, marijuana smokers can have many of the same respiratory problems as tobacco smokers, such as daily cough and phlegm production, more frequent acute chest illness, and a heightened risk of lung infections. A study of 450 individuals found that people who smoke marijuana frequently but do not smoke tobacco have more health problems and miss more days of work than nonsmokers.⁸ Many of the extra sick days among the marijuana smokers in the study were for respiratory illnesses.

Effects on Daily Life

Research clearly demonstrates that marijuana has the potential to cause problems in daily life or make a person's existing problems worse. In one study, heavy marijuana abusers reported that the drug impaired several important measures of life achievement, including physical and mental health, cognitive abilities, social life, and career status.⁹ Several studies associate workers' marijuana smoking with increased absences, tardiness, accidents, workers' compensation claims, and job turnover.

What Treatment Options Exist?

Behavioral interventions, including cognitive-behavioral therapy and motivational

incentives (i.e., providing vouchers for goods or services to patients who remain abstinent) have shown efficacy in treating marijuana dependence. Although no medications are currently available, recent discoveries about the workings of the cannabinoid system offer promise for the development of medications to ease withdrawal, block the intoxicating effects of marijuana, and prevent relapse.

The latest treatment data indicate that in 2008 marijuana accounted for 17 percent of admissions (322,000) to treatment facilities in the United States, second only to opiates among illicit substances. Marijuana admissions were primarily male (74 percent), White (49 percent), and young (30 percent were in the 12-17 age range). Those in treatment for primary marijuana abuse had begun use at an early age: 56 percent by age 14.**

Is Marijuana Medicine?

The potential medicinal properties of marijuana have been the subject of substantive research and heated debate. Scientists have confirmed that the cannabis plant contains active ingredients with therapeutic potential for relieving pain, controlling nausea, stimulating appetite, and decreasing ocular pressure. Cannabinoid-based medications include synthetic compounds, such as dronabinol (Marinol®) and nabilone (Cesamet®), which are FDA approved, and a new, chemically pure mixture of plant-derived THC and cannabidiol called Sativex®, formulated as a mouth spray and approved in Canada and parts of Europe for the relief of cancer-associated pain and spasticity and neuropathic pain in multiple sclerosis.

Scientists continue to investigate the medicinal properties of THC and other cannabinoids to better evaluate and harness their ability to help patients suffering from a broad range of conditions, while avoiding the adverse effects of smoked marijuana.

How Widespread is Marijuana Abuse?

National Survey on Drug Use and Health (NSDUH)***

According to the National Survey on Drug Use and Health, in 2009, 16.7 million Americans aged 12 or older used marijuana at least once in the month prior to being surveyed, an increase over the rates reported in all years between 2002 and 2008. There was also a significant increase among youth aged 12-17, with current use up from 6.7 percent in 2008 to 7.3 percent in 2009, although this rate is lower than what was reported in 2002 (8.2 percent). Past-month use also increased among those 18-25, from 16.5 percent in 2008 to 18.1 percent in 2009.

Monitoring the Future Survey****

Results from the 2009 Monitoring the Future survey show, as in the past few years, a stall in the decline of marijuana use that began in the late 1990s among our Nation's youth. In 2009, 11.8 percent of 8th-graders, 26.7 percent of 10th-graders, and 32.8 percent of 12th-graders reported past-year use. In addition, perceived risk of marijuana use declined among 8th- and 10th-graders, and disapproval of marijuana use declined among 10th-graders. This is a concern because changes in attitudes and beliefs often drive changes in drug use.

Recent Trends

Marijuana Use by Students - 2009 Monitoring the Future Survey

	8th Grade	10th Grade	12th Grade
Lifetime	15.7%	32.3%	42.0%
Past Year	11.8	26.7	32.8
Past Month	6.5	15.9	20.6
Daily	1.0	2.8	5.2

Past Trends

Percentage of 8th-Graders Who Have Used Marijuana:

	1995	1996	1997	1998	1999	2000	2001
Lifetime	19.9%	23.1%	22.6%	22.2%	22.0%	20.3%	20.4%
Past Year	15.8	18.3	17.7	16.9	16.5	15.6	15.4

Past Month	9.1	11.3	10.2	9.7	9.7	9.1	9.2
Daily	0.8	1.5	1.1	1.1	1.4	1.3	1.3
	2002	2003	2004	2005	2006	2007	2008
Lifetime	19.2%	17.5%	16.3%	16.5%	15.7%	14.2%	14.6%
Past Year	14.6	12.8	11.8	12.2	11.7	10.3	10.9
Past Month	8.3	7.5	6.4	6.6	6.5	5.7	5.8
Daily	1.2	1.0	0.8	1.0	1.0	0.8	0.9

Percentage of 10th-Graders Who Have Used Marijuana:

	1995	1996	1997	1998	1999	2000	2001
Lifetime	34.1%	39.8%	42.3%	39.6%	40.9%	40.3%	40.1%
Past Year	28.7	33.6	34.8	31.1	32.1	32.2	32.7
Past Month	17.2	20.4	20.5	18.7	19.4	19.7	19.8
Daily	2.8	3.5	3.7	3.6	3.8	3.8	4.5
	2002	2003	2004	2005	2006	2007	2008
Lifetime	38.7%	36.4%	35.1%	34.1%	31.8%	31.0%	29.9%
Past Year	30.3	28.2	27.5	26.6	25.2	24.6	23.9
Past Month	17.8	17.0	15.9	15.2	14.2	14.2	13.8
Daily	3.9	3.6	3.2	3.1	2.8	2.8	2.7

Percentage of 12th-Graders Who Have Used Marijuana

	1995	1996	1997	1998	1999	2000	2001
Lifetime	41.7%	44.9%	49.6%	49.1%	49.7%	48.8%	49.0%
Past Year	34.7	35.8	38.5	37.5	37.8	36.5	37.0
Past Month	21.2	21.9	23.7	22.8	23.1	21.6	22.4
Daily	4.6	4.9	5.8	5.6	6.0	6.0	5.8
	2002	2003	2004	2005	2006	2007	2008
Lifetime	47.8%	46.1%	45.7%	44.8%	42.3%	41.8%	42.6%
Past Year	36.2	34.9	34.3	33.6	31.5	31.7	32.4
Past Month	21.5	21.2	19.9	19.8	18.3	18.8	19.4
Daily	6.0	6.0	5.6	5.0	5.0	5.1	5.4

"Lifetime" refers to use at least once during a respondent's lifetime. "Past year" refers to use at least once during the year preceding an individual's response to the survey. "Past month" refers to use at least once during the 30 days preceding an individual's response to the survey.

Other Information Sources

For additional information on marijuana, please visit www.marijuana-info.org.

Data Sources

* For street terms searchable by drug name, street term, cost and quantities, drug trade, and drug use, visit: <http://www.whitehousedrugpolicy.gov/streetterms/default.asp>.

** These data are from the Treatment Episode Data Set (TEDS) Highlights - 2007: These data are from the Treatment Episode Data Set (TEDS) Highlights-2007: National Admissions to Substance Abuse Treatment Services (Office of Applied Studies, DASIS Series: S-45, DHHS Publication No. SMA 09-4360, Rockville, MD, 2008), funded by the Substance Abuse and Mental Health Services Administration. The latest data are available at 800-729-6686 or on line at www.samhsa.gov.

*** NSDUH (formerly known as the National Household Survey on Drug Abuse) is an annual survey of Americans aged 12 and older conducted by the Substance Abuse and Mental Health Services Administration, Department of Health and Human Services. This survey is available on line at <http://www.oas.samhsa.gov/nsduh.htm>.

**** These data are from the 2009 Monitoring the Future survey, funded by the National Institute on

Drug Abuse, National Institutes of Health, Department of Health and Human Services, and conducted annually by the University of Michigan's Institute for Social Research. The survey has tracked 12th-graders' illicit drug use and related attitudes since 1975; in 1991, 8th- and 10th-graders were added to the study.

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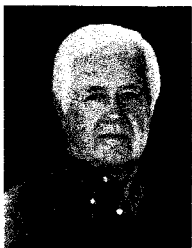
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MARIJUANA..... *ITS NOT MEDICINE!*

By Roger Morgan, Exec Director, Coalition for a Drug Free California

Smoked marijuana has no accepted medicinal value. Research continues with THC, the main psychoactive element in marijuana. But according to the Federal Drug Administration (FDA), the agency that America has used since 1906 to determine the safety and efficacy of medicines, **smoked marijuana offers no medicinal value.** Certain isolated components of marijuana may have value, but never in smoked form. Marinol, a synthetic THC, is already available in pill form, and research continues to offer sprays, patches and suppositories.

Marijuana can provide relief from pain, aids wasting and nausea but the harms are delivered with the benefit. The harms may not matter to someone on a death bed. For younger people smoking "medical marijuana," however, they may be inflicting harms on themselves, albeit most are loath to accept the facts.

According to Joseph Califano, Jr., prior Secretary of Health and Human Services, and Chairman and Founder of CASA, *"...For certain individuals with AIDS and the 15% of chemotherapy patients whose nausea is not relieved by currently available medicines, marijuana may have some medicinal value.....because smoked marijuana is a carcinogen and adversely affects the immune system, the IOM (Institute of Medicine) stressed the importance of developing an alternative delivery system, such as an aerosol using synthetic cannabinoids rather than the whole plant, and disapproved any use of smoked marijuana except by the terminally ill and those with chronic diseases, and even then only under tightly controlled circumstances..... for America's children and teens, marijuana is a dangerous drug."*

According to Dan Brookoff, MD., Ph.D, an oconolgist who is certified by the American Board of Internal medicine with a sub specialty Certification in Medical Oncology, ***"...Marijuana is not a medication."*** He states *".....marijuana is neither an acceptable medical treatment nor an alternative medical treatment for any illness..... Marijuana is never the best available treatment for a patient, and that is why it is not a medication."* He further states *"...With the therapeutic potential of marijuana eclipsed by safer and more effective drugs, we have come to the conclusion that there is no therapeutic use for marijuana. All we are left with are the hazards. These include lung disease, cardiac dysfunction, brain damage, genetic damage, immune disorders and psychomotor impairment."*

Smokes, crude marijuana has never passed FDA's tests for safety and efficacy as a medicine. It is a Schedule I drug because it is addictive, harmful and has no accepted medical value. We already have Marinol, a synthetic of THC in pill form that is legally available. Today, however, most Oncologists agree there are better medicines, like Nabilone and Dronabinol. Sativex, a spray developed in the U.K., is close to approval by the FDA for use in the U.S. But smoked marijuana doesn't medicate anything, and the harms in most cases vastly outweigh any relief.